

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS

17 August 1996

Concerns aired over sale of script data

Health strategy takes N Ireland beyond 2000

RPSGB gets to grips with repeat scripts

Update: is there a joint benefit for cannabis?

Extra help needed for staying healthy



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**CROOKES
HEALTHCARE**

A new primary care bill to be tabled in the autumn by the health secretary, Stephen Dorrell, will reportedly promote the concept of 'super surgeries'. The bill will enable resources to be switched from the hospital sector into family doctor services and give Mr Dorrell powers to instigate pilot schemes aimed at widening the range of services available from health centres. The aim is to provide a one-stop clinic where patients can receive a range of treatments close to their homes. Mr Dorrell is understood to be keen to encourage dentists to set up practices with GPs, but pharmacists are also suitable professional partners in such a set-up.

However, the detrimental effect that large health centres with an in-house pharmacy can have on other contractors in a neighbourhood can be devastating. Witness the situation in Chelmsford, where a 26-doctor health centre is threatening the viability of seven local pharmacies (*C&D* last week, p174). Yet such pharmacies still have an important role in the healthcare infrastructure. Recent surveys have shown how important accessibility to a pharmacy can be. The sale of a comprehensive range of OTC medicines can help prevent GPs being overburdened by patients with minor ailments. Do super surgeries threaten to increase a GP's workload because they have denuded a locality of alternative sources of care?

The logical answer for businesses threatened with a large health centre that wants an in-house pharmacy is to form a consortium and bid for the service. This offers some security of revenue, but also the chance to develop a close relationship with the doctors and to expand the services pharmacies can offer – along the lines recently proposed by a consortium in Sheffield (*C&D* July 13). When will pharmacists learn that co-operation can pay dividends without compromising independence?

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CHEMIST & DRUGGIST

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RPSGB may guide on patient medication records sales 208

Pharmacists may be given advice on selling PMR data

Nottingham GP asks for judicial review 208

A dispensing GP is opposing the opening of a pharmacy

Northern Ireland publishes health strategy for next century 209

A new strategy will take the country's healthcare into the year 2000

Health of the Nation targets fail on three counts 209

Levels set in 1992 not met in obesity, drinking and smoking



RPSGB sets the standard for repeat scripts 210

Repeat prescription guidance

Update: joint benefits i-viii

Looking at the possible medical uses of cannabis
and the research currently taking place

Staying healthy, thanks to VMS market 221

The vitamin and mineral supplement market
can be used by pharmacy to its advantage

Nutricia owns Milupa – it's official 228

Dutch firm's buy is given the green light



Boots opens £1.25m edge of town store 228

The outskirts of Croydon is the host to a new 1,000sq m outlet

Treading the boards 234

Pharmacist Rebecca Neal takes her play to the Edinburgh Fringe

REGULARS

Industry Viewpoint 212 **Business News** 228

Topical Reflections 212 **Classified Advertisements** 229

Prescription Specialities 214 **Business Link** 230

Counterpoints 216 **About People** 234

RPSGB may guide on PMR sales

The Royal Pharmaceutical Society's Council is to consider drafting guidance for pharmacists on the confidentiality of information held in their patient medication systems.

Data marketing organisations are taking a commercial interest in information they can pass on to pharmaceutical companies, such as the types of drugs prescribed and doctors' prescribing habits.

Council members are concerned about the disclosure of prescribing information to third parties and believe the level of confidentiality might differ between pharmacies. Data from a pharmacy whose prescriptions came from a large number of prescribers and which could not be linked to an individual prescriber or practice might not need the same degree of confidentiality as data from a pharmacy dealing mainly with a single prescriber.

One member of the Law and Ethics Policy Committee urged Council last week to discourage pharmacists from disclosing any prescribing data. Such disclosure could undermine doctors' confidence in pharmacists' ability to maintain confidentiality.

The National Pharmaceutical Association has issued a warning about selling PMR data in its August *Supplement*. It explains that database marketing organisations must not collect patients' personal data and must seek the prescribers' permission before using information that would identify them.

The NPA has not endorsed any of the organisations which collect prescribing data because it believes market forces are likely to achieve the best value for members. To date, the NPA is aware of only two active participants, both having "solid international reputations". These are

IMS, which has links with Taylor Nelson/John Richardson, and Source Informatics, which has links with Mediphase.

The NPAs Trevor Williams told *C&D* that there were significant advantages to some of the deals, but they would impose obligations on pharmacists, who should weigh up the pros and cons and decide for themselves. He thought reputable companies would handle prescriber confidentiality in ways that should not cause problems.

John Richardson Computers is offering pharmacists free replacement hardware every four years if they regularly supply information on items dispensed. Pharmacists have to pay a nominal £1 to own the equipment.

Managing director Christine Thom told *C&D*: "Nothing we are doing contravenes the Data Protection Act or compromises the pharmacist's integrity."

Pharmacists would not need to identify patients and the company would ask GPs concerned for permission to collect the information. She added that Taylor Nelson had collected pharmacy data for years.

Source Informatics has a contract with Mediphase to collect data from pharmacists with their consent. In return, pharmacists receive a free or replacement computer. Source Informatics collects no information on patients, just on prescribed items, and only gives regional analyses on an anonymous basis. No information relating to individual doctors is produced without their consent.

"We wouldn't do anything to upset the relationship between pharmacists and doctors," a spokesman commented. Source Informatics may eventually arrange deals with other software companies.

Pharmacy Update MCQs back on track

The August multiple choice questionnaire for *C&D*'s **Pharmacy Update** distance learning course has been included in this week's issue. It was inadvertently missed out from last week's issue due to a 'technical hitch'.

The questionnaire covers the three accredited modules carried in July: Malaria (Module 20), Headaches (21) and Drugs in Sport (22).

Pharmacy Update is a distance learning programme for pharmacists and is accredited by the College of Pharmacy Practice. Each month carries up to four units of postgraduate education, which go towards the College's continuing education requirement. Self-test questionnaires are carried in the second issue of the following month.

Anyone who has missed out on previous modules can catch up by using the faxback service which operates on 0891 444791 (premium rates apply). And it's never too late to register for the telephone marking service. For a fee of \$12.50 plus VAT, you can self-test your progress for a whole year and gain a certificate to verify the number of hours of continuing education you have achieved.

Pharmacy Update is supported by Johnson & Johnson MSD Consumer Pharmaceuticals.

CPAG urges writing to OFT in support of RPM

The Community Pharmacy Action Group is urging individual pharmacists to write to the Office of Fair Trading in support of Resale Price Maintenance on OTC medicines.

The OFT is seeking the views of interested parties to help it decide whether to take the matter back to the Restrictive Practices Court. Comments should be sent by August 23 to John Bridgeman, director general, OFT, Fieldhouse, 15 Bream's Buildings, London EC4A 3PR.

By Tuesday, CPAG had collected 183 consumer press cuttings carrying stories about RPM – 91 in national and 92 in regional newspapers. A spokeswoman said about 40 per cent were favourable to CPAG, 42 per cent were more favourable to Asda

and the rest gave a 'balanced' view without expressing an opinion either way.

Regional press cuttings received by *C&D* continue to report how Labour MPs are distributing petitions in support of pharmacy. These include John Denham (Southampton), Colin Pickthall (West Lancashire), Paul Boateng (Brent South), Martyn Jones (Clwyd South West), John Marek (Wrexham) and Calum Macdonald (Western Isles).

● Archie Norman, chief executive of Asda Stores, has written to MPs telling them that Asda's campaign against RPM aims to lower the cost of family healthcare. The high price of branded OTC medicines forces patients to seek prescriptions, his letter claims.

Local health workshops

Pharmacists in North Essex have welcomed the chance to take part in workshops discussing how health and community services should develop locally.

Eight localities covered by North Essex Health Authority are holding regular workshops to look at areas in which health professionals, social services, education departments, the police, community health councils and others could collaborate to satisfy local needs.

John Stanley, secretary of North Essex Local Pharmaceutical Committee, told *C&D*: "It's good that pharmacists have been invited to participate and will be able to influence the way strategies develop in the future."

A spokeswoman for the health authority said the eight areas choose their own agenda for the day.

Nottingham GP asks for judicial review

A dispensing doctor fighting a pharmacy opening near Nottingham is seeking leave for a judicial review.

Last year, two pharmacies applied for an NHS contract in Burton Joyce. One was rejected, but Burrows and Close was successful as it already had pharmacy contracts in the area so did not need to go through a 'prejudice' test.

Dr Chris Guyler is opposing the pharmacy on the grounds that loss of income from dispens-

ing would prevent him from employing a second doctor. He is being supported by the British Medical Association's general medical services defence fund. A BMA spokeswoman said the case would not proceed until after some other rural dispensing cases were resolved, including that of Dr Michael Wilson and partners in Dunnington, in which the High Court ruled in favour of a pharmacy opening.

Nottingham Community Health Council (CHC) has voted to sup-

port the pharmacy, despite 900 objections being sent to MP Andrew Mitchell, whose wife is a dispensing doctor. The local medical committee also asked the CHC to intervene.

Gordon Ellis, a director of Burrows and Close, told *C&D* he had no idea when a pharmacy would open as it depended on the result of any further legal action. The company had lost the original premises, but there were plenty of other properties available in the village, he said.



Nurses value pharmacists' over the counter role

Pharmacists are a valued source of advice to community nurses making OTC recommendations, according to a recent survey carried out by Johnson & Johnson MSD and *Community Nurse*.

Almost all nurses – 94 per cent of the 638 respondents – advise patients on the type of product to buy OTC, with half giving advice at least once or twice a week.

Second only to personal experience, pharmacists were cited as a valued source of OTC advice by 70 per cent of nurses. Sixty-three per cent said they sometimes had contact with pharmacists when making a recommendation, while 23 per cent always did.

Patel looks out to sea

Lowestoft pharmacist Bharat Patel is looking to expand his maritime business, having sold the contract of his pharmacy Halldays Chemist on London Road North, to Superdrug.

He has set up Maritime Medical Supplies to continue the wholesale business of supplying off shore vessels and platforms.

Although the volume of off shore business fluctuates wildly, Mr Patel says he offers a unique service in the Lowestoft coastal area, and there is no danger of it being closed down.

He hopes to build up business in Felixstowe and expand north into Grimsby.

Halldays, which currently dispenses around 1700 items a month, closes on August 17 when the contract will be transferred to the Superdrug store in the nearby Britten Centre.

Mr Patel has owned the outlet for 15 years. Superdrug has been after the contract for the last three years, he says, and the decision to sell came after a poor Christmas for the perfumery side of the business, for which the pharmacy is well known.

N Ireland publishes health strategy for next century

A new strategy taking Northern Ireland's health and social care into the next century has been launched.

The Regional Strategy, 'Health and wellbeing: into the next millennium', will run from 1997-2002. Published by the Department of Health & Social Security, it sets the tone for health and social service policies, with the aim of improving the physical and mental health, and social wellbeing of the population of Northern Ireland.

The strategy is the fourth in a series of five year policies, which began in 1983. The main burden of implementation will fall on the four health boards, but all health and social service professionals will be involved.

Areas which relate specifically

to pharmacy include the benefits of medicine deregulation (POM to P switches), medicines management, medicine compliance. The development of clinical pharmacy services in the community is also proposed.

Pharmacist Dr Terry Maguire, a lecturer at Queens University in Belfast, welcomes the proposals. "It is a terrific opportunity for pharmacy, but there is a danger that if we don't recognise this, we will lose out again," he says.

DHSS spokesman Sean Mulhern says that the strategy is very much a broad policy framework. "It has a lot in common with the Health of the Nation policy, in that it sets targets, such as reducing smoking, drinking and premature death, but it covers much more than just health gains."

Four themes of the existing strategy will be continued. These are: promoting health and social wellbeing; targeting health and social need; improving care in the community; and improving acute care. Seven key areas of concern have also been identified:

- family and child health and welfare
- physical/sensory disability
- learning disability
- mental health
- circulatory diseases
- cancers
- non-communicable diseases.

Northern Ireland's chief pharmacist, Dr Norman Morrow, says: "The document sets out the health programme for the next five years, in which there is opportunity for pharmacists to make a positive contribution."

Health of the Nation targets fail on three main counts

The Health of the Nation targets set by the Department of Health in 1992 have failed on three counts: obesity, drinking by women and smoking by the young.

Data for 1993 showed the proportions of obese men and women aged 16-64 rose to 13 per cent and 16 per cent respectively, according to a progress report from the National Audit Office. The target set was to reduce the proportion of obese men from 7 per cent in 1986-87 to 6 per cent in 2005. The proportion of obese

women was to be cut from 12 per cent to 8 per cent.

The proportion of women drinking more than the recommended sensible levels rose from 11 per cent in 1990 to 13 per cent in 1991 and targets are not expected to be met by 2005. There was no downward trend in men's drinking habits.

Smoking by children aged 11-15 rose from 8 per cent in 1988 to 12 per cent in 1991. The target was set at 6 per cent by 1991.

However, good progress was made in 11 of the 27 targets,

including coronary heart disease, stroke, breast cancer, lung cancer in men and gonorrhoea.

Insufficient information was available to assess progress in blood pressure, cervical cancer, skin cancer, smoking in pregnancy, suicide in the mentally ill, health and social functioning of the mentally ill, and needle sharing among drug misusers.

The DoH will be deciding on whether to revise certain targets and will be looking to improve the standard of data, particularly in mental health.

Locum wins breach of contract

A locum has been awarded damages for breach of contract after being dismissed three days into a two week contract.

Rizwan Aibhai was dismissed from the Larchwood Pharmacy in Croydon, Surrey, last September. However, a hearing at Croydon County Court found in Mr Aibhai's favour. He was awarded costs against the pharmacy owner, Mr Patel, amounting to loss of earnings.

The locum, working privately, only had a verbal agreement with Mr Patel, who alleged incompetence. Mr Patel, who is abroad, could not be contacted.

RPSGB Council sets the standard for repeat scripts

The Royal Pharmaceutical Society's Council has adopted a set of standards for community pharmacists providing a repeat prescription service.

The standards will form a new section in the 'Standards of Good Professional Practice', which forms an appendix to the Code of Ethics.

A repeat medication service is defined as one that is run in co-operation with local prescribers, in which a pharmacist gives professional support to help in the rational and effective use of medicines.

The standards specify that:

- The pharmacy must operate a patient medication record system, registered with the Data

Protection registrar, if appropriate, and ensure that an audit trail exists to identify each request and supply so as to enable the service to be monitored.

- The request for the service must come from the patient or carer and be recorded in writing, signed by the patient or carer. The pharmacist must not act as the carer for this purpose.

- A pharmacist must establish with the prescriber or from the prescription form the period for which repeats will be issued, unless the patient needs earlier review. On dispensing the final repeat prescription, the pharmacist must remind the patient in writing of the need to visit the prescriber.

- A pharmacist may institute a patient reminder system but may not request a repeat prescription from a surgery before obtaining the patient's or carer's consent.

- At the time of each request the pharmacist must establish which items the patient considers are required and ensure that unnecessary supplies are not made. At this stage, the pharmacist must also use professional judgment to decide whether compliance or other problems may require early reference to the prescriber.

- Records of all interventions should be kept.

Council also approved an amendment to the Code of Ethics guidance to reflect the new standards.

Argyll rotation policy

Malathion is the recommended insecticide for headlice in the Argyll & Clyde Health Board area, and remains so until July next year.

PSNI elections

The closing date for nomination of pharmacists seeking election to the Council of the Pharmaceutical Society of Northern Ireland is noon on September 9. The Council members retiring by rotation are W Woodside (treasurer), K O'Rourke, J Crawford, W Hunter, T Maguire and T Hannawin (president).

EP publication

The new edition of the *European Pharmacopoeia* is expected to be published at the end of this month, two months later than anticipated. The Pharmaceutical Press, the UK agent, is taking orders for the book, which will cost £300. The CD-ROM version is expected in October.

PSNC judicial review

The Pharmaceutical Services Negotiating Committee has been given leave to proceed with a judicial review challenging the practice of dispensing doctors to delegate the dispensing function to unsupervised ancillary staff. PSNC argues that it is the intention of the legislation that if GPs wish to dispense, they should do it themselves. The case is unlikely to be heard until next year.



Secretary of state for health and MP for Loughborough Stephen Dorrell (second left) made an official visit to the Boots' store in the town on August 2. Manager Mike Charlton (second right) showed Mr Dorrell around the pharmacy, while Boots' managing director, Steve Russell (left), a local constituent, hosted the visit, along with Digby Emson, buying and marketing controller (dispensing)

Pharmacists to be obliged to make face to face contact

The Royal Pharmaceutical Society's Code of Ethics is to be amended to include a specific obligation on the need for face to face contact with patients or carers.

The Society's Council has adopted the following new obligation to Principle 1 of the Code: "A pharmacist must, on each occasion he provides a pharmaceutical service, use his professional judgment to decide whether he needs to see the patient or carer in person."

Council also agreed to adopt the following guidance on that obligation: "A necessary part of pharmaceutical care is direct face to face consultation between the pharmacist and the patient or carer. This need not occur on every occasion a professional service is provided. However, a pharmacist has a professional duty to ensure that it occurs when considered necessary with a medicine for an acute condi-

tion or at appropriate intervals for repeat medication.

"In the community pharmacy setting this applies equally when the patient or carer calls at the pharmacy or when medicines are delivered to the patient's home. In determining what amounts to an appropriate interval, the pharmacist will consider the specific needs of the patient. The pharmacist should consider factors such as the nature of the medication, the length of time between repeat prescriptions, the patient's circumstances, home environment and level of support available."

Hospital dispensing Council also approved the addition of a new obligation to the Code of Ethics which would ensure that hospital pharmacies had appropriate systems for the supply, storage and use of inpatient medicines. Pharmacists would also have a responsibility to provide

sufficient information to ensure that all medicines supplied to inpatients were used safely, effectively and appropriately.

Watch those windows Inspectors will be asked, in their next round of visits, to advise pharmacists whose pharmacy windows did not present a professional image. The poor appearance of some windows was detrimental to the profession's standing, Council heard. There were criticisms of the inappropriate and excessive use of stickers.

Pharmacist badge Council approved a design for an identification badge which carries the Society's crest and the title 'pharmacist'. Badges will be sent free to newly-registered pharmacists with their certificates.

Dispensing assistant training The Practice Committee is to explore the possibility of the Society introducing a requirement to train dispensing assis-

stants. It seemed anomalous to have training requirements for medicines counter assistants but not for dispensing assistants.

Packaging waste A small, expert group is to prepare a response to the Department of the Environment's consultation document on packaging waste. The Government aims to recover 50 per cent of all waste packaging materials and recycle at least 25 per cent. The pharmaceutical industry would be legally obliged to set up recovery schemes or to contribute to national schemes.

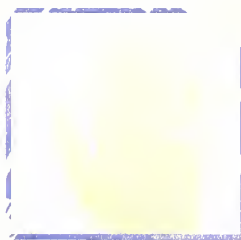
Hospital future Council agreed to set up a working party to develop a vision for the future of hospital pharmacy, taking account of all aspects of the use of medicines in secondary care.

Registration exam A revised syllabus for the registration exam, effective from 1997, will give more prominence to patient-centred aspects.

When your customers

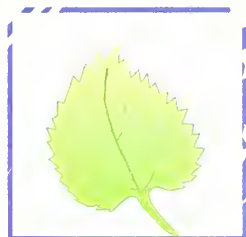


Household chemicals

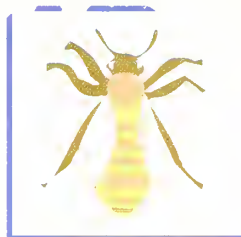


Detergent hands

are itching to scratch,



Plant allergy



Insect bites

you've no better way



Nickel allergy



Eczema

to relieve them.

HC45 Hydrocortisone Cream quickly soothes itchy, inflamed, irritated skin to provide the fast relief your customers need. In fact there's no better recommendation you can make.



Trusted relief from everyday skin irritations.

PRODUCT INFORMATION: HC45 HYDROCORTISONE CREAM: Smooth white cream containing HYDROCORTISONE ACETATE BP 1% w/w. Uses: For the relief of mild to moderate eczema, irritant and allergic contact dermatitis and insect bite reactions. **Dosage & Administration:** Apply sparingly to a small area, once or twice a day, for a maximum of seven days. **Contra-indications, Warnings etc:** Hc45 should not be used on the eyes or face, the ano-genital area or on broken or

infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Packaging Quantity:** Tube containing 15g **RSP:** £2.65. **Legal Category:** P **Product Licence Number:** PL 0327/0039. **Product Licence Holder:** Crookes Healthcare Ltd., Nottingham NG2 3AA **Date of Preparation:** June 1996.





The future lies with OTC

Another batch of POM to P changes has recently been proposed by the Medicines Control Agency (C&D August 10). Once again there are important additions to increase the range of drugs available to pharmacists for over the counter recommendation.

In particular, I was pleased to see Canesten Hydrocortisone included, as this has often and frustratingly been my preferred choice. I was also pleased to see the maximum OTC dose for mebeverine increased to 405mg, thus clearing the way for the drug most commonly used to treat irritable bowel syndrome to take its rightful place in my recommended list.

Once again, the MCA is putting its faith in the ability of community pharmacists to properly control POM to P changes, and I am delighted to rise to the challenge.

I am now spending an increasing part of my time at work actively counselling patients and recommending these effective drugs. Often, however, this time is wasted by the eventual response from the customer of "How much is it? I can go to the doctor and get it for free!"

The legal status of many medicines has been changed to allow for Pharmacy sale, but now the focus must shift to encourage the public to participate in self-treatment. Not only should we recommend these medicines but we should also be actively encouraging public awareness of their availability by positive window displays and promotions within the pharmacy.

Topical Reflections

There is an obvious dilemma between the ethos of an NHS as universal provider and community pharmacy encouraging over the counter sales. However, I see no conflict and believe that by promoting self-treatment through the sale of Pharmacy only medicines I will be securing my own future, improving the responsibility of the public to maintain their own health and helping to conserve finite NHS resources.

Integrated planning for primary care

I am not familiar with the geography of Cheltenham, but once again it seems that primary medical services are being re-organised without properly considering the effect they will have on local pharmaceutical services (C&D August 10, p174).

A large health centre with centralisation for 26 general practitioners is being proposed and, in order to achieve the best pharmaceutical presence within the new health centre, all the local pharmacies were asked to tender their proposals!

To me this is a thinly-veiled Dutch auction, with the winners being neither the patient, pharmacists or necessarily the local pharmaceutical service. Whoever is the landlord could benefit the most and many pharmacists could lose their livelihood.

At the moment, the proposals are still at the planning stage but, although it is vital that the interests of all

participants, including the patient, are properly preserved, neither the local authority nor the local health authority appear to have the power to enforce a solution to the dilemma.

Perversely, although both medical and pharmacy services are subject to control of entry regulations, they are presently independently considered, with the result that vested interest easily outweighs overall health service provision.

The Government is currently looking to simplify and clarify the morass of regulations that now affect pharmaceutical entry. In that review it is vital that local health authorities are provided with a statutory framework to allow for the integrated planning of primary health services.

Epitaph for a BPSA secretary

The *Guardian* newspaper runs a series of careers features offering advice to potential entrants about different careers. Last week, Saturday August 10, it was the turn of pharmacy to come under the microscope.

The result was a perfectly reasonable article upon which I will not dwell. However, as I drove that morning towards another tranquil day in the shop, I mused upon the final offerings of Robert Forde, secretary of the British Pharmaceutical Students' Association. In the feature he is quoted as saying, when comparing pharmacy and medicine, "Pharmacy is a job where you can leave the stress behind at the day's end."

If Robert is ever fortunate enough to do a locum for me, that comment could become his epitaph!

INDUSTRY VIEWPOINT



RPM - 'thinking the unthinkable'

Having gathered information from all interested parties, the Office of Fair Trading is now ready to move on to the third stage of the Medicaments Resale Price Maintenance Exemption Review - full discussions with the individuals, companies and other organisations who have contributed to the investigation to date.

Although the OFT is emphasising that "the director general has not yet formed a view on whether circumstances have changed materially since 1970, and will do so only after full consideration of the responses to the consultation paper", it is also widely believed that he is eager to bring the investigation to an early conclusion.

What if the OFT decides that RPM on medicines is a restrictive practice?

particularly in the face of the disruptive activities of Asda.

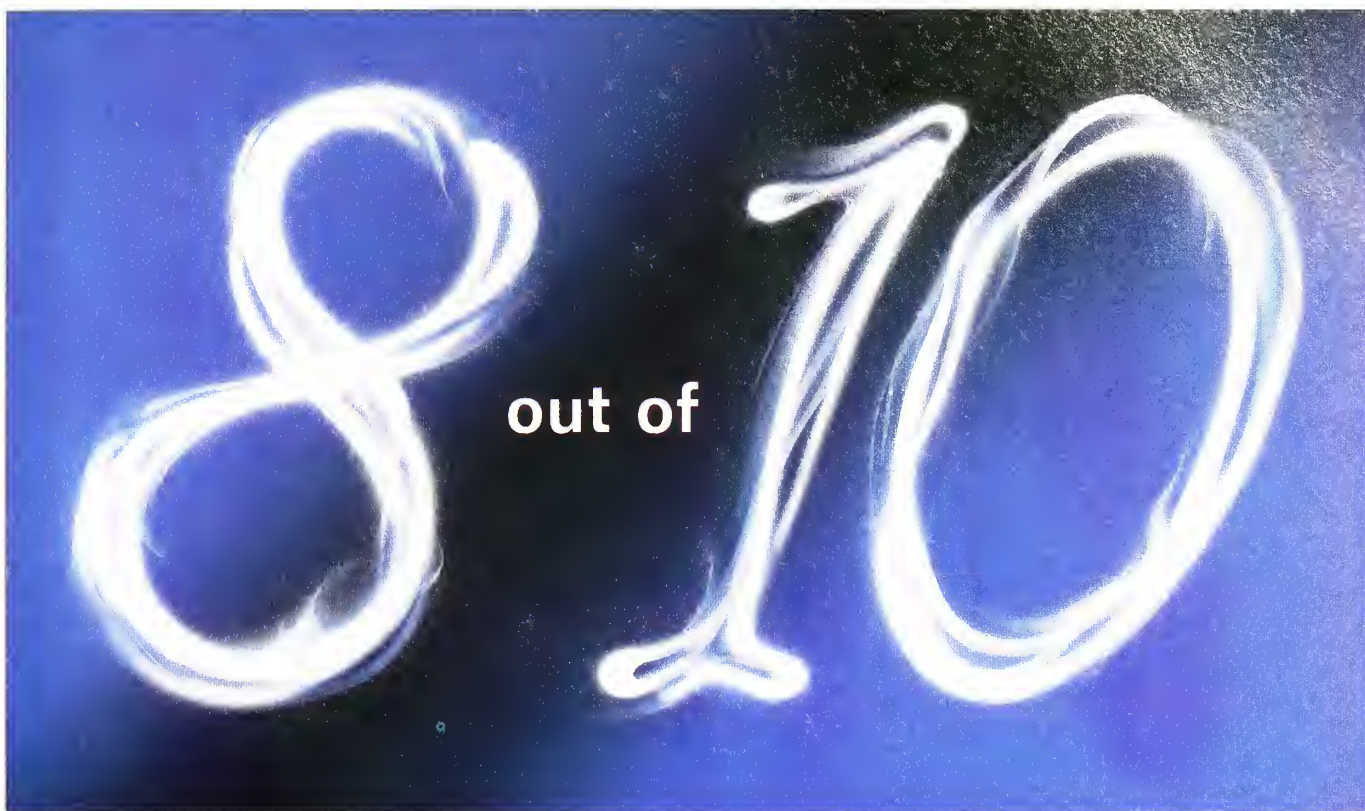
There is no doubt that the campaign to support RPM has been well organised. The PAGB, NPA, RPSGB and many others have lobbied effectively to put forward the reasons why RPM on medicines benefits not only pharmacists but, importantly, the communities the pharmacies serve.

And yet, what if the unthinkable happens? What if the OFT decides RPM is a restrictive practice, and against the interest of the public? And what if the Restrictive Practices Court upholds that recommendation and removes it on some, or all, types of OTC medicines?

How prepared are manufacturers and pharmacists to operate in the vacuum that would result from the removal of RPM? There can be little doubt that Asda will have already produced a marketing plan to promote value on medicines and further endorse its image as the consumers' champion. It might be prudent to think the unthinkable and prepare a business plan for a future without RPM. Hopefully it will never need to be used.

This column is contributed by a senior industry manager.

How many people
preferred our fruity original
and mint flavoured gum?



nicotinell
original chewing gum



In a recent consumer taste test* 8 out of 10 smokers thought Nicotinell gum (nicotine) tasted better than its nearest competitor. So next time someone asks for a nicotine gum, recommend Nicotinell. They'll prefer you for it.

Don't forget original is fruit flavoured.

nicotinell
mint chewing gum



*Source: RSSI 7/96 quantitative taste study

PRESENTATION: Oblong, bull coloured chewing gum. Each piece contains 2mg of nicotine. Nicotinell Chewing Gum is available in original or mint flavour. **INDICATION:** Treatment of nicotine dependence as an aid to smoking cessation. **DOSAGE:** Stop smoking completely when starting treatment. One piece of Nicotinell gum to be chewed when the user feels the urge to smoke. Usual dosage is 8-12 pieces per day, up to a maximum of 15 pieces per day. After three months, usage should be progressively reduced until the user has stopped completely. Not to be used by children. **CONTRAINDICATIONS:** Non smokers, children. As with smoking, Nicotinell Gum is contraindicated during pregnancy and lactation, acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, and recent cerebrovascular accident. **PRECAUTIONS:** Patients with gastritis, peptic ulcer, hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment. Keep out of reach of children at all times. **SIDE EFFECTS:** Increased salivation, slight throat irritation, hiccups, indigestion, heartburn. **LEGAL CATEGORY: P. PACKS:** Nicotinell Original Chewing Gum 2mg (PL 0001/0195) in packs of 24 and 96 (Trade Price 24s £2.57, 96s £7.70, Retail Price 24s £4.50, 96s £13.50). Nicotinell Mint Chewing Gum 2mg (PL 0001/0197) in packs of 24 and 96 (Trade Price 24s £2.57, 96s £7.70, Retail Price 24s £4.50, 96s £13.50). **PL HOLDER:** Ciba-Geigy plc, Macclesfield, SK10 2NK. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **DATE OF PREPARATION:** 1 June 1995.

*Nicotinell is a registered trademark. No 8/96

SCRIPTspecials

Femapak 40: HRT patch and tablet

Solvay Healthcare has launched Femapak 40, a hormone replacement therapy package combining its existing Fematrix patches and Duphaston tablets.

Femapak 40 (basic NHS price £8.45 for one month's supply) is indicated to provide hormone replacement for women with an intact uterus for the treatment of symptoms of oestrogen deficiency as a result of natural menopause or oophorectomy.

One pack of Femapak 40, which is sufficient for one 28-day cycle, contains eight individual blisters of transdermal patches, delivering approximately 40mcg of 17-beta-oestradiol every 24 hours, and 14 dydrogesterone tablets.

One patch should be applied twice a week on a continuous basis, removed and replaced every three to four days. One tablet should be taken once a day

from days 15 to 28 of each menstrual cycle to counteract the effects of oestrogen during the second half of the cycle.

The dosage may be increased using Femapak 80 (delivering 80mcg of the oestradiol), which was launched in January. Clinical practice requires women to be started on the lowest effective dose of HRT.

Solvay Healthcare Ltd. Tel: 01703 472281.

Metronidazole 500mg

Dumex is launching metronidazole 500mg (21-tablet patient pack, £3.50 basic NHS) on September 1. The strength, which is a move from the usual 400mg and 200mg formulations, has been introduced to aid compliance.

Dumex Ltd. Tel: 01442 890090.

New generics from CP

CP has launched co-amlofruse 40/5mg tablets in 28-tablet blister packs (£3.43), and minocycline tablets 50mg (84-tablet blister packs, £18.08) and 100mg (50-tablet blisters, £22.42).

CP Pharmaceuticals Ltd. Tel: 01978 661261.

DT launches Cholestech LDX

Cholestech LDX is the latest multi-diagnostic system from Diagnostic Testing, and is appropriate for health screening in pharmacies.

The LDX is a compact, simple to use system measuring blood glucose, total cholesterol, high and low density lipoproteins, and triglycerides.

A unique feature is that whole blood can be used without pre-treatment and centrifuging to separate cells from plasma. Results and a print-out can be obtained within five minutes of testing.

A range of cassettes is available offering specific test panels. Coronary heart disease risk assessment can also be carried out by tapping in personal data and analysing a blood sample. The analyser is factory-calibrated.

A Medical Devices Agency report is also available. The LDX has an all-inclusive price of \$1,599 (plus VAT).

Diagnostic Testing Ltd. Tel: 01284 789505.

New paediatric Konakion MM from Roche

Roche Products has added Konakion MM Paediatric ampoules (phytonadione 2mg/0.2ml) to its existing range.

Konakion MM Paediatric is orally administered for the prophylaxis of haemorrhagic disease of the newborn, and offers a convenient alternative to parenteral administration.

The 'mixed micelles' solubilising system of the formulation

enhances its oral absorption.

It is also approved for intramuscular and intravenous prophylaxis of haemorrhagic disease in pre-term neonates; in term neonates at special risk; and for intravenous treatment of neonatal haemorrhage.

The NHS basic price is \$8.09 for a five-ampoule pack.

Roche Products Ltd. Tel: 01707 366000.

Eminase move

Monmouth has acquired Eminase from Smithkline Beecham, but the product licence is still pending transfer. Routine orders should be placed with Farrillon, Monmouth's distributor, but availability from other wholesalers will remain unaffected.

Monmouth Pharmaceuticals Ltd. Tel: 01483 565299.

MEDICAL MATTERS

NAC launches project into asthma mortality

The National Asthma Campaign is to embark on a major research project investigating asthma mortality.

The National Asthma Task Force mortality working group will be investigating every asthma death in five regions of the UK in a detailed and confidential enquiry. Trained field workers will gather information about the final illness and the level of care prior to the asthma-related death from doctors and

from the families of those who have died.

The project is expected to last a year and the NAC is looking to raise \$30,000 to fund it.

At present, over 3 million people in the UK have asthma and 1,500 of them die unnecessarily each year through inappropriate management, according to the NAC's annual asthma audit, published to coincide with the launch of the project.

Hospital admissions were also

found to be on the increase: 110,000 in 1993 compared with 102,000 in 1992.

The total cost of asthma to the UK is estimated to be in excess of \$1,000 million per annum. Over 40m prescriptions for asthmatics were dispensed in 1995-96 in England, Wales and Scotland at a total cost of almost \$500m.

In England alone, the cost of asthma scripts accounted for over 11 per cent of the total cost of all NHS items last year.



**on a shelf
near you soon**

*A good
name on the box
always
increases sales.*



Canesten® *Combi*

CLOTRIMAZOLE - ONE 500MG PESSARY WITH APPLICATOR AND 20G 1% CREAM

CANESTEN 1 PESSARY

CLINICALLY PROVEN TO TREAT THE CAUSE OF THRUSH
(VAGINAL CANDIDIASIS)

CANESTEN 1% CREAM

SOOTHES AND RELIEVES THE ITCHING CAUSED BY THRUSH

Because Canesten Combi treats thrush fast, it sells fast. And when it is advertised on TV it sells even faster.

The last time Canesten Combi was on television, sales went up by 82%, and the average monthly growth increased by 47%.

We are investing a further £500,000 on TV advertising, on air now, which is just part of our £2.5 million budget this year.

Unlike oral treatments, Canesten Combi clears thrush completely without drug interactions.

It gives immediate relief from itching with clotrimazole cream, and clears the infection itself with a single dose pessary.

Canesten Combi is currently the market leader and very soon more and more people will be switching on to it.

Abridged Prescribing Information. Presentation One Canesten 1 pessary (containing 500mg Clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 10% Clotrimazole BP). **Uses** Pessary for candidal vaginitis, cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration Adults** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children/Paediatric** usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Warnings and Precautions** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months, previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood stained discharge, vulval or vaginal ulcers, blisters or sores, lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category P Package Quantities and Basic NHS Cost** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Produce Licence Numbers** Cream 1% 0010/0016R, 500mg Pessary 0010/0083. **Further information available from** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation** July 1995. © Bayer plc, August 1996.

COUNTERpoints



Giving dandruff the dust-off

Procter & Gamble is launching Pantene Pro-V Dandruff Control Shampoo (\$200ml, \$1.99) and reformulating its existing Dandruff Control Shampoo and Conditioner in One (200ml, \$1.99).

The new shampoo contains an anti-dandruff agent, zinc pyrithione, a crystal structure which helps to prevent dandruff by removing the microbes that cause it. At the

same time, Pro-vitamin B5 contained within the Pantyl B complex penetrates each hair shaft to nourish it from root to tip while strengthening the outer hair cuticle.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.



Supersoft gets brand-new look

Schwarzkopf is relaunching its Supersoft hair care range, with new packaging and the inclusion of a vitamin-based formulation.

The new formulation includes an 'Active Vitamin Complex'. The combination of Pro-vitamin B5 and a vitamin enhancer is designed to help care for and protect the hair. The dual action of the Active Vitamin Complex penetrates the hair shaft, which is nourished from root to tip, and surrounds it with a fine protective layer.

This autumn, celebrity Sharron Davies will be endorsing the brand in a PR campaign. Her link with Supersoft is designed to appeal to women who want "healthy-looking, easy to manage hair, all day long".

The new pack has a more feminine look, and colour-coding across the range to differentiate between the four variants. **Schwarzkopf Ltd. Tel: 01296 314000.**

Bronnley's Almond Oil now has a lot more bottle

H Bronnley & Co is introducing a new bottle design for its Almond Oil Moisturising Shower Gels (250ml, \$5.25).

Enriched with extracts of almond oil, birch and witch hazel, the gel comes

in an opaque bottle with flip-top lid for ease of use.

It is available in all six fragrances of the Almond Oil range: Lavender, Blue Poppy, White Iris, Pink Bouquet, English Fern and Camellia.

● The company has also extended its English Country Herb range to include a shower gel made with wheatgerm (200ml, \$5.95).

H Bronnley & Co Ltd. Tel: 01280 702291.



Creating the Classic collection

H Bronnley & Co is launching Classic, a new fragrance range.

The perfume combines florals and fruits mixed with base notes of amber and sandalwood.

The range includes: hand soap (box of three x 100g, \$12.95); bath relaxant (200ml, \$8.95); moisturising body spray (100ml, \$8.95); moisturising shower gel (200ml, \$8.95); and eau

de toilette (50ml, \$13.95). Bronnley is also offering the brand in a selection of packaged coffrets.

Products in the Classic range contain aloe vera oil, ginseng, witch hazel, birch and silk protein. The moisturising shower gel and body spray are also enriched with panthenol to smooth and soften the skin.

H Bronnley & Co Ltd. Tel: 01280 702291.

Back to Basics

Ralph Lauren is introducing Polo Sport Water Basics, its new range of skin fitness products.

The collection is formulated with marine ingredients and designed to suit a "man's individual needs as he sees them".

Each product has been formulated to combine 'active sea organics', including Pacific sea kelp and sea algae, rich in minerals and nutrients to promote healthy skin.

The range includes: Face and Body Sports Cream and Foaming Shower Wash (both 125ml, £9.95); Post Shave Relief Balm (125ml, £13); Face & Body Soap and Close Shave Foam (both 150g, £9.95); Alcohol-free Deodorant (75g, £9.95); Deodorant Spray (150ml, £9.95); and Cooling Body Talc (100g, £13).

Prestige & Collections Ltd. Tel: 0181 979 6699.

Oxy touches on that sensitive spot

Smithkline Beecham is introducing a new line into its Oxy brand.

Oxy Sensitive combines formulated skin soothers and moisturisers designed to prevent spots and cater for those with sensitive skin.

The complete cleansing range includes: facial wash, facial pads and cleanser, all retailing at £3.19.

The company is supporting Oxy Sensitive with a six-week £1.5 million advertising campaign. The Sensitive advertisement will air until mid-September and focuses on teenagers, those most prone to adolescent spots.

Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.



For the latest in Fashion Jewellery, Hair Accessories, Watches, Scarves and Fashion Accessories under one roof come to The London Bijoux

Organiser: Relayphase Ltd, Unit 6A, School Road, London NW10 6ND



September 1st to 4th 1996

at The Earls Court International Hotel & Exhibition Complex, Lillie Road, London SW6
Phone 0181 838 4305 for Tickets

Continuous Xmas Kiss

Cover Girl Continuous Self-Renewing Lipstick is cutting its lipstick price to £3.99 for eight weeks from November to maximise on purchases made during the Christmas period. The lipstick is part of the Cover Girl Cosmetic range (£2.99-£6.99). Procter & Gamble (Cosmetic & Fragrances) Ltd. Tel: 01932 896000.

Back on TV

Following the first burst of television advertising for Canesten Combi thrush treatment (£7.49), Bayer is starting a second burst of advertising. The commercial will be ongoing as of now.

Bayer plc.
Tel: 01635 563000.

Foot facts

According to a recent survey conducted by Cuxson Gerrard for Carnation Footcare, women over 50 years old are the main consumers of foot care products. The products are targeted at women over 30 who buy for themselves and their family. Cuxson Gerrard & Co Ltd. Tel: 0121 544 7117.

Miners' Block

Miners International is relaunching its range of block mascaras. New Miners Block mascara (£2.99) is now available in black, brown and navy. Miners International Ltd. Tel: 01264 350379.

Media spend

Scholl is running adverts for its Blister Treatment in the national press alongside coverage of sporting events. In addition, the Scholl Odour Control range is playing a repeat of the 'Babes Against Foot Odour' radio campaign on Virgin 1215. Scholl Consumer Products Ltd. Tel: 01582 482929.

Movelat modification

Panpharma would like us to point out that Movelat's principal active ingredient is mucopolysaccharide polysulphate. An article on topical analgesics (C&D June 1) included the preparation under the classification of salicylate, although the inclusion of salicylic acid in Movelat is for its keratolytic action.

Glossy Lips

Spectacular Cosmetics is introducing a new range of roll-on lip gloss (£2.35). There are six flavours: Vanilla, Mint, Passion Fruit, Cola, Mango and Strawberry. Each is purse-sized with added sunscreen and vitamin E. Spectacular Cosmetics Ltd. Tel: 0181 903 2030.

Getting all plastered

Coloplast is supporting the launch of its new range of Compeed Hydro Cure System plasters with a promotion to the pharmacy trade.

The Compeed Intropack is designed to give pharmacists a chance to 'trial' its range of 'moist healing' plasters.

The Intropack contains a selection of plasters (31 consumer packs) and costs £53.57 – a 10 per cent discount on the normal trade price. The Intropack comprises: cuts &

grazes (four small, medium and large consumer packs); blisters (six small, five medium); heel cracks (four packs); callouses (four packs).

Until the end of next month, pharmacists can order directly from their usual wholesaler (quote Intropack order code 071800). Alternatively, they can contact Strategic Partners on 01622 662592 to arrange a visit from one of its representatives.

Coloplast Ltd.
Tel: 01733 392000.



Life savers for Profit.

Summer Season Sales

History shows both you and your customer alike can trust a product bearing the Carnation name.

With this proven heritage Carnation Footcare will help to make your sales grow.



- 33 1/3% Profit on return
- Full consumer advertising support throughout peak season beginning June '96
- 75 years of proven pharmacy sales



Available in packs of 5 or 10 from your English Grams representative

ABRIDGED INFORMATION. LEGAL CATEGORY: GSE. INDICATIONS: For the treatment of hard corns. ACTIVE INGREDIENTS: Salicylic Acid BP 40%. PRODUCT LICENCE HOLDER: Cuxson Gerrard & Company Limited, 125 Broadwell Road, Oldbury, Walsley, West Midlands, B69 4BH. Tel: 0121 544 7117. FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST.

Jordan gives money back!

Jordan is offering customers £1 back per purchase of the Jordan Active Tip toothbrush (£1.99). Consumers are required to send in their till receipt and bar code in order to claim.

The brush features a small oval head with an 'Active Tip' – a combination of multi-tufted bristles for overall cleaning and longer, firmer bristles for inaccessible areas. **Chemist Brokers Ltd.**
Tel: 01705 219900.

Protectors cut

Wilkinson Sword is cutting the price of its Protector razor blades by \$1 until the end of September.

The promotion is available on both Red and Metal Protector brands, which appeal to the younger shaver (aged 16-34 years).

Wilkinson Sword Ltd.
Tel: 01670 713421.

The Sensitive approach

Smithkline Beecham is introducing the Aquafresh Flex Sensitive toothbrush (\$1.99).

It features an outer area of softer bristles designed to be gentle on gums, and a flexible neck which makes movement around the mouth much easier.

In addition, the non-slip rubber handle has been redesigned to offer a more comfortable grip.

There is also bright

Sweet sensation in a bag

Hermesetas is introducing new Hermesetas Original Granulated, a heat-stable granulated sweetener (70g, \$1.55).

Available from September, it is a saccharin-based product which can be used in cooking and baking.

The sweetener can be added to ingredients before cooking begins and can be used to make cakes, puddings and

savoury dishes.

Hermesetas Original Granulated is launched with a recipe idea on-pack and a special promotion will be available with a free plastic clip for resealing the bag.

Jenks Group.
Tel: 01494 442446.



Take advantage of special offer winter protection

Vantage is offering discounts on a selection of its counter medicinals.

Some 13 cough and cold remedies will be discounted by 12.5 per cent on mixed orders of ten or more outers, and 15 per cent on mixed orders of 50 or more outers through a special order form available from AAH representatives from

August 19-September 30.

The remedies are Vantage pholcodine cough pastilles, antiseptic throat lozenges in lemon and cherry flavours, tyromycin antibiotic throat lozenges. Gees Linctus pastilles and glycerine pastilles in blackcurrant and honey & lemon flavours.

Also included in the special discounts are Vantage cold relief capsules (foil pack), hot lemon & vitamin C cold relief powders, hot lemon maximum flu strength cold relief powders, menthol vapour rub, natural herb inhalant oil and night-time cold relief.

AAH Pharmaceuticals Ltd.
Tel: 01928 717070.



new packaging, featuring a pink wave design to

communicate the 'sensitive' message. **Smithkline Beecham Consumer Healthcare Ltd.**
Tel: 0181 560 5151.

New information pack advises on holiday health



Rhone-Poulenc Rorer is introducing an information pack on Dioralyte, its OTC diarrhoea treatment.

The pack contains leaflets on 'How to help your child with diarrhoea', 'The Dioralyte pharmacy guide', 'Holiday tummy' and a 'Guide to how to make up Dioralyte'.

The information packs cover common questions on holiday tummy, how to avoid it and the recommended treatment. In addition, advice on

preparing Dioralyte and the recommended dosage is provided, which can be used by pharmacists or given to customers.

Support for the brand will continue until the end of next month with press advertising appearing in women's interest and parenting magazines. All support materials and copies of the information pack are available from company representatives.

Rhone-Poulenc Rorer Ltd.
Tel: 01323 534000.

OK, Amigo!

Chemist Brokers is launching its Jordan Amigo range of children's toothbrushes into the UK, backed by a £500,000 PR and advertising campaign.

The new range has four different character handles available in 24 colour combinations (£1.99 each). The four Amigo characters are a mouse, a robot, a racing car and a tiger. They are aimed at three- to ten-year-olds.

The toothbrush features a large, easy to grip handle and a small head with soft rounded bristles. **Chemist Brokers Ltd.**
Tel: 01705 219900.



ON TV NEXT WEEK

Andrews: All areas

Canesten Combi: All areas

Centrum: All areas

Gillette Natrel Plus: All areas, except LWT and GMTV

Just for Men: All areas

Mum Botanicals: All areas, except CTV

Nicotinell gum (trial pack): STV, B, G, Y, HTV, LWT, TT, C4

Nivea Visage: All areas

Nurofen: All areas

Nytol: All areas, including satellite

Odor Eaters: HTV, W

Oil of Ulay: G,C

Oxy Sensitive: All areas

Panadol: All areas

Pantene: All areas, except GMTV

Seabond: Y,TT

Sensodyne toothpaste: All areas, including satellite

Setlers Mint & Fruit range: All areas, including satellite

Soft & Gentle anti-perspirant: All areas

The Wrigley Company/Sugar Free Brands: All areas

Vagisil Creme: GTV, STV

Wella Experience: All areas except CTV & LWT

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Winter remedies right on the nose

Vantage has launched three over the counter nasal decongestants for winter.

Vantage Nasal Decongestant Spray contains oxymetazoline hydrochloride 0.05 per cent and

works for up to eight hours. It is available in outers of six 22ml bottles, each unit retailing at £2.19.

Vantage Nasal Decongestant Drops comes in adult and paediatric formulations containing xylometazoline hydrochloride 0.1 and 0.05 per cent respectively. Both work for up to ten hours and can be dispensed on the Drug Tariff. They come in outers of 12 10ml bottles, retailing at £1.85.

A limited introductory offer of 25 per cent off trade price applies, bringing POR on the spray to 55.7 per cent and on the drops to 53.3 per cent.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Pfizer takes the pain out of migraine

Pfizer Consumer Healthcare will be promoting Migravele, its OTC migraine treatment, on the back of Migraine Awareness Week (September 9-15).

There will be new counter display units designed to hold Migravele Duo, Migravele 1 and Migravele 2 packs, along with a new childhood migraine booklet, available free to customers.

Pfizer is spending \$1 million this year to support Migravele. Activity includes television advertising, educational seminars for health professionals and consumer and pharmacy literature.



Pfizer
Consumer Healthcare.
Tel: 01304 616161.

Catering for kids' coughs and colds

Intercare is introducing its new Tixylix display planogram, separating children's cough and cold medicines from adult remedies.

According to Intercare, the children's cough and cold market is growing faster than the adults'. Three-quarters of all mothers buy child-specific medicines, with the pharmacist

being their first point of contact.

The Tixylix display will include Tixylix Night-time, Day-time, Chesty, Cough & Cold, Inhalant and Catarrh specifically formulated for children, with flavours developed for child dosage compliance.

Intercare Products Ltd.
Tel: 01734 790345.



TRAXAM TOP TIPS FOR MANAGING SOFT TISSUE INJURIES IN PHARMACY

This is the first in a collectable series reflecting Traxam's Focus on Pharmacy – a fresh commitment to education and advice to help you manage the needs of customers with muscular pains, strains and sprains.

NUMBER 1 THE RICE ROUTINE

The RICE routine is the cornerstone of good management of muscular pains and sprains, and is advice that every customer should get when they ask for something to help provide relief.

RICE STANDS FOR REST, ICE, COMPRESSION AND ELEVATION.

Rest – when you sprain an ankle or twist a knee, the last thing you should do is carry on putting strain on the joint by trying to walk or run. Rest the affected limb.



Ice – to reduce blood flow, inflammation and swelling, apply ice (or a pack of frozen peas) to the injured area. When using ice, wrap it in a tea towel and hold it to the injured area for 10 minutes.



Compression – Use a firm but not too tight elastic bandage to provide support and protection, reduce bruising and limit inflammation.



Elevation – Keep the injured area raised. This will help to reduce blood flow and swelling.

Apart from this advice, customers can also be offered topical treatment that relieves pain and reduces inflammation, like new Traxam Pain Relief Gel.

Traxam Pain Relief Gel is an ideal recommendation for most consumers, providing powerful, penetrating anti-inflammatory action to damaged muscles, tendons and ligaments beneath the surface of the skin. Traxam Pain Relief Gel is a cosmetically pleasant, clear gel with no smell, no burn and no greasy residue. Just pure pain relief.

More traditional heat rubs may not always be appropriate treatments because:-

- in the first couple of days after injury they may increase swelling by increasing blood flow to the affected site.
- they can be cosmetically unpleasant: greasy, powerful odour, skin reaction (burning sensation).

Watch your press for this comprehensive series dealing with management of common muscle and joint injuries, for you to cut out and collect



PRODUCT INFORMATION: Presentation: Clear, non-greasy, non-staining gel containing 30mg felbinac in each gram. **Uses:** A topical anti-inflammatory and analgesic for the relief of symptoms associated with soft tissue injury such as sprains, strains and contusions. **Dosage:** Rub 1g TRAXAM Pain Relief Gel (approximately 1 inch (2.5cm) of gel) into the affected area 2 to 4 times a day. Do not use for longer than 7 days. The total dose should not exceed 25g per day regardless of the number of affected areas. Elderly: No special dosage recommendations are made for elderly patients. Children: Not recommended for use in children under 12 years of age. Hands should be washed following application of TRAXAM Pain Relief Gel unless they are in the treatment site. **Contraindications:** Hypersensitivity to the ingredients. TRAXAM Pain Relief Gel should not be given to patients in whom attacks of asthma, urticaria and acute rhinitis are precipitated by Aspirin or other non steroidal anti-inflammatory drugs. **Precautions and special warnings:** Use of TRAXAM Pain Relief Gel should be limited to intact and non diseased skin. Contact with mucus membranes and the eyes should be avoided. TRAXAM Pain Relief Gel should not be applied with occlusive dressings or simultaneously to the same site as other topical preparations. Safe use of Felbinac in early childhood has not been established. **Side effects:** Overall incidence of side effects with felbinac is low. Local effects such as mild local erythema, irritation, dermatitis, pruritis and paraesthesia, which recover spontaneously on cessation of treatment, are the most common reactions. **Pharmaceutical precautions:** Store below 25°C **Legal category:** P **Package quantities:** 30g tubes **Product licence number:** PL/0095/0119 **Price:** £3.99 RSP (£3.40 ex VAT) **Name and address of licence holder:** Cyanamid of Great Britain Ltd, Cyanamid House, Fareham Road, Hampshire PO13 0AS. **Distributor:** Whitehall Laboratories Limited, Berkshire, SL6 0PH

* Trade mark

Whitehall Laboratories Limited, Hummercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH



YOU CANNOT AFFORD TO MISS THE BIG NAMES AT CHEMEX '96!

CHEMEX '96 **OLYMPIA2** 1-2 SEPTEMBER 1996

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- Allergycare.
- Allied Dunbar.
- A M Marketing
- Approved Prescription Services.
- ARC Pharmacare Ltd.
- Ark and Co.
- Arkopharma.
- Astonish Products Ltd.
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- Australian Bodycare UK Ltd.
- Babylliss.
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- Medielite plc.
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- Multepos Computer Systems.
- Neovision.
- Neutradol.
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- PATA.
- Personal Care Company.
- Peter Allem Eyewear.
- Pharmacia & Upjohn Ltd.
- PharmaNutrients.
- Phillips.
- Photo-Me International.
- Pifco-Carmen.
- Point of Sale Centre Ltd.
- Polaroid.
- Positive Solutions.
- PPA.
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- Russell Hobbs.
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- Shore Blue.
- SmithKline Beecham Consumer Healthcare.
- Sorbie Research International.
- Sterwin Medicines.
- Sunglasses UK Ltd.
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- Sutherland Health.
- Swan.
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- Techni Lab UK.
- Tefal.
- Tempur Pedic.
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PHARMACYupdate

Cannabis

Medicinal uses of cannabis and a review of current research /



Asthma clinic

A step by step guide to managing asthma in the community pharmacy ///

Research Digest

A study looks at the link between muscle mass and taking anabolic steroids VII

Joint benefits

Cannabis is no longer confined to the alternative culture. People from all walks of life are defying the law and experimenting with the 'weed' for its medicinal benefits. Dr Janie Sheridan, research pharmacist at the National Addiction Centre based at the Maudsley Hospital, investigates the medical uses of cannabis and current research

Cannabis sativa is a herbaceous annual plant which contains psychoactive constituents known as cannabinoids, of which the most psychoactive is delta-9-tetrahydrocannabinol (THC). These are found in a resin secreted by the plant.

The earliest writings about the use of cannabis date back to ancient China when it was banned as a 'liberator of sin'. The ancient Indian culture worshipped its effects and the present-day Rastafarians have integrated the 'weed' as part of their religion.

Cannabis is used widely in the UK and six million people in Britain are estimated to have tried the drug. Home Office data for 1994 have shown seizures by the police and other authorities of cannabis products rising from nearly 16,000 in 1983 to around 69,000 in 1993 (Home Office 1995).

Modes of ingestion

Cannabis is usually either smoked in a 'joint' or 'reefer' either as pure dried herb, or the herb, resin or oil mixed with tobacco. It may also be eaten, often incorporated into food such as biscuits or cakes. The onset of action will depend on the route of administration, as will the metabolism and duration of effects.

A typical joint contains 50-150mg of THC with a bioavailability of around 5-25 per cent. It has been estimated that only 2-3mg is

needed for the occasional user to obtain a desired effect, although some heavy users in the West Indies are estimated to use above 400mg per day (Hall *et al* 1994).

THC is very lipid soluble, stored in the fat reservoirs and slowly released into the bloodstream. It has been reportedly detected in the bloodstream at least 28 days after use and has implications for individuals undergoing drug testing procedures.

Cannabis effects

Acetylcholine may be implicated in mediating the effects of the drug, and the dopaminergic mechanism, prostaglandins and cyclic AMP may also be involved (Dollery 1991).

The effects of cannabis vary between individuals and depend on the dose, the route of administration and also the conditions under which observations are made.

The psychoactive effects are split into desirable and undesirable, but it is the physical effects that have been exploited when finding new ideas for its use.

Desirable effects: include mild euphoria, relaxation, distortions of time and space, increased tendency to laugh and talk.

Undesirable effects: include anxiety, panic, paranoia, depression, tachycardia. Hallucinations are rare and are only seen at high doses. There have been no reports of



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 24), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTION BEING PUBLISHED IN *C&D* SEPTEMBER 14, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of the legal issues concerning cannabis use
- To be familiar with the common methods of ingestion
- To recognise the effects of cannabis and its interactions
- To be aware of possible medical applications
- To recognise the pharmacist's contribution

acute cannabis poisoning.

The drug has an effect on psychomotor performance and may interfere with skilled tasks. However, reports state that drivers who have taken cannabis tend to drive more slowly and take fewer risks than those on alcohol.

Chronic effects: these are reported at the cellular level where it interferes with cell metabolism. There is not, as

yet, any clear evidence of the effect of chronic use on the immune system. Its use in pregnancy and women trying to conceive should be discouraged as it may interfere with foetal development.

Psychotic episodes

Prolonged use may give rise to symptoms of chronic bronchitis, such as wheezing, sputum production and cough, and psychological dependence and tolerance. Cannabis use can infrequently cause acute

Continued on P11 ►

◀ Continued from P1

psychotic episodes, appearing as confusional states. Although evidence that cannabis has a role in chronic psychotic or affective disorders is not convincing, the drug may modify the course of an already established illness (Thomas 1993).

A link has also been established between cannabis use and relapse in schizophrenia with users having significantly more and earlier psychotic relapses (Linszen *et al* 1994).

A recent letter to the *British Medical Journal* reported on psychosis among methadone patients who have taken 'skunk' – the product of plants which have been selectively bred for their high THC content – often as little as an average-sized joint (Wiley *et al* 1995).

Drug interactions

Cannabis interacts with antimuscarinic agents, tricyclic antidepressants (tachycardia), alcohol, disulfiram (isolated case of hypomanic-like reaction), fluoxetine (isolated report of mania), theophylline (in cannabis smokers who may need higher doses of theophylline as it is cleared more quickly). (Stockley 1994.)

Medical uses

Currently, two derivatives of cannabis are licensed for use in the UK. Both are anti-emetics, which are considered to be as effective as phenothiazines, but have a high incidence of side-effects and, in theory, may cause immunosuppression (Ashton 1987).

Nabilone: a synthetic cannabinoid, is licensed as an anti-emetic in patients receiving chemotherapy. One report looked at the effectiveness of Nabilone on nausea and vomiting after total abdominal hysterectomy, using a prospective, double-blind study of 60 women. Results showed no significant difference between Nabilone and metoclopramide for post-operative nausea and vomiting (Lewis *et al* 1994).

Nabilone has been shown to be effective in intractable nausea and vomiting in AIDS; one patient was given 1mg of Nabilone twice a day after the failure of other drugs. The drug caused complete cessation of the symptoms and the patient generally felt more comfortable (Green *et al* 1989).

Types of cannabis

(All are illegal and classed as Class B, Schedule 1)

	THC content
marijuana (dried flowering tops and leaves)	0.5-2.5% (up to 15% for 'skunk')
hashish (dried resin and compressed flowers)	2-20%
cannabis oil	15-50%
	Onset of action
smoking	10-20 minutes
eating	2-3 hours
	Half life
experienced users	19-27 hours
inexperienced users	50-57 hours

There have been reports of Nabilone being used for other conditions, for example in multiple sclerosis. In a study of a single patient, there was a striking reduction in pain from muscle spasm, frequency of nocturia and an improvement in wellbeing compared with placebo (Martyn *et al* 1995).

Due to the cardiovascular and behavioural effects of cannabinoids, Nabilone should be used with caution in patients with cardiovascular and psychiatric disorders, and may interact with diazepam, barbiturates, CNS depressants and codeine.

Dronabinol: recently in the UK, the cannabinoid has been made available on a named patient basis. The drug, marketed in the US as Marinol as an oral preparation, is used as an anti-emetic on cancer chemotherapy and to treat anorexia in AIDS patients. It contains synthetically produced dronabinol and will be licensed for use as an anti-emetic in cancer chemotherapy (PJ, 1995).

Cannabis: smokable marijuana or oral THC has been used to treat nausea and vomiting in cancer patients. Schwartz and Beveridge, in their survey of American oncologists, found that smokable or oral cannabis was the ninth most preferred treatment for mild symptoms and the sixth in severe symptoms.

Oncologists who had prescribed it felt it had been effective in 50 per cent of patients, although they estimated that one in four had experienced side-effects. Interestingly, only 8 per cent would prescribe more widely if the legal restrictions were removed (Schwartz & Beveridge 1994).

Other indications for cannabis use include the

treatment of glaucoma, appetite stimulation, treatment of asthma, anticonvulsant properties, anti-spasmodic effects in disorders such as multiple sclerosis, anti-anxiety.

R&D into cannabis

Research into cannabis is hampered in part by the fact that the drug is classed under Schedule 1 of the Misuse of Drugs Regulations 1985, and any research requires a Home Office licence. In spite of this, reports in the medical literature show that work is being carried out.

In the mid-1980s, cannabinoids were tested for their ability to reduce intra-ocular pressure in the rabbit. Derivatives of delta-9 and delta-8 THC were found to be effective (Eisohly *et al* 1984). Other research has shown that cannabinoids can reduce aqueous humour formation and increase outflow (McLaughlin & Chiou 1985).

Synthetic non-psychotropic cannabinoids have been produced which have anti-inflammatory activity and low level of side-effects. Given orally, they were successful at reducing oedema in mice paws caused by inflammatory agents (Burstein *et al* 1992).

Cannabinoids may also have a powerful effect on spasticity and ataxia in multiple sclerosis, as was shown in a study of a patient who had improvements in symptoms when he smoked marijuana cigarettes (Meinck *et al* 1989). THC and cannabidiol have both been reported to have antibacterial activity (Dollery 1991).

The problems of using cannabis and cannabis derivatives long-term are not yet known. As mentioned before, the use of cannabis may have a negative effect on outcomes in psychotic illness. Other research has shown there to be effects on the

immune system. The drug also affects the heart by increasing workload, postural hypotension and increased plasma volume, and so could be unsuitable for patients with concurrent cardiovascular problems. The drug is also believed to interfere with hormonal secretions and may disrupt gonadal function in the male, according to animal studies.

Legal issues

The issues surrounding the legalisation or decriminalisation of cannabis are never far from the news. However, more recently, there have been calls to review the law for cannabis regulating its use for medical rather than leisure purposes, so that more research can be undertaken into its potential uses.

The Internet currently has a whole host of information on 'Cannabis and Medicine', giving both personal opinions and references to support these views (<http://www.fooobar.co.uk/users/ukcia/medicine.html>). Conditions for which cannabis is considered to be useful by the authors of this Internet site are: asthma, insomnia, kidney dialysis, antimicrobial effects, antinutritional effects, dystonias and alcoholism. Such views are not necessarily, however, supported by the literature on current research.

Pharmacy role

The community pharmacist may not often come into contact with patients being treated with cannabinoids for medicinal purposes. However, they may get asked for information on cannabis by members of the general public, for example parents concerned about their children using the drug. The community pharmacist, in addition to providing advice on such matters, should be aware of where their local information sources are and any agencies that may be suitable for referring the request onwards.

In addition, they may have to advise patients on the concurrent use of cannabis with either prescribed or over the counter medication.

References available on request.

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Asthma clinic

Asthma management reached a turning point in 1990 – the National Asthma Campaign was launched, asthma clinics received funding under GP contracts, peak flow meters became available on the NHS, and the British Thoracic Society published a set of management guidelines. But what is the role of the community pharmacist? asks Clare Mackie MRPharmS, who has set up an asthma clinic within her local GP's surgery in 1991



Asthma is the most common chronic disease of adults and children. It has a variable spectrum of activity from mild and intermittent to disabling and life-threatening. In 1990, there were a number of major advances in asthma care, not least of which was the publication in the *British Medical Journal* of the British Thoracic Society (BTS) guidelines for the management of asthma in adults¹.

These guidelines were remarkable in that they provided the first national framework for treatment drawn up by clinicians from both primary and secondary care. In 1993, these recommendations were revised and updated, and now include guidance for the management of asthma in children².

The BTS guidelines stated the aims of asthma management and put the emphasis on patient education and the development of self-management plans. In this overview, the contribution of the community pharmacist will be explored with particular reference to setting up and running an asthma clinic within a general medical practice. Case studies will then illustrate typical patients that may present in practice while running a clinic.

Caring for asthmatics

Community pharmacists, both through their knowledge

of the patient and their family and by using patient medication records, may make a major contribution to the care of the asthma patient. We may consider the potential contribution under four main headings:

1 Diagnosis and referral of patients presenting with symptoms

The pharmacist may suspect that a child presenting with a recurrent nocturnal cough is an undiagnosed asthmatic and he or she may refer the patient to the GP for confirmation of the diagnosis.

2 Education and counselling on the disease process, drug therapy, correct inhaler technique, use of peak flow meters and diary charts

Patient compliance with long-term medication is as low as 50 per cent³. It is, therefore, important that pharmacists provide accurate, consistent and comprehensive information. They must also ensure that the patient not only understands, but is able to comply with, their regimen to obtain maximum therapeutic benefit.

3 Optimisation of therapy for individual patients

Pharmacists, through discussions with general practitioners, may help towards making the therapy for individual patients as efficient as possible.

4 Monitoring of treatment

Recent research has shown that patient medication

records are maintained by more than 90 per cent of community pharmacists⁴. These records may be used to monitor therapy and to identify patients who are non-compliant. In addition, pharmacists may help patients interpret their peak flow charts and diaries. This is particularly important in asthma where there is emphasis on the patient's self-management.

Why get involved?

In order for the community pharmacists to maximise their contributions to each of these areas, it is essential that they work closely with other members of the healthcare team. The report of the Joint Working Party on the Future for Community Pharmacy⁵ acknowledged that pharmacists were limited in the extent to which they influence prescribing.

Effective prescribing

One of the factors that currently limits the extent to which pharmacists are able to influence prescribing is the lack of regular and effective dialogue with general medical practitioners.

One way to overcome this is for pharmacists to become involved in running asthma clinics in general medical practice. This would maximise use of resources, avoid unnecessary duplication of effort and allow the pharmacist to effectively

contribute to the care of the asthma patient.

Getting started

I Approaching the practice

The first step in approaching your local GP practice will depend on your current relationship with the practice. It may be obvious from the prescriptions being presented in the pharmacy that the BTS guidelines are not being routinely followed.

However, rather than being critical, it is better to adopt a positive approach. Do a literature search so that you are well informed, develop your services to your asthma patients, look to see if there is a particular patient that you wish the GP to review.

If you can make a positive contribution to a number of individual patients, then you could follow this up by suggesting that you extend this service to a larger number of patients by establishing a clinic within the practice.

II Setting up the clinic

The following questions need to be answered.

● Who will be running the clinic?

Ideally the pharmacist and practice nurse with the GP available if required.

● How many patients will be involved?

This depends on the list size; for example, a practice of 2,500 patients would expect

Continued on PVI ►

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SB SmithKline Beecham
Consumer Healthcare

Aaargh!



◀ Continued from P111

to have roughly 150 asthmatic patients.

● *How many patients per clinic?*

Allow around 20 minutes per patient for a first appointment. Therefore, nine patients would be seen in a three-hour clinic. Ten minutes is usually suitable for a follow-up appointment.

● *How often will the clinic run?*

This depends on the number of patients you hope to see. Work out what is feasible for the practice – for example, when a consultation room is free. Ideally it would be run on an appointment system at regular intervals. A clinic run every fortnight would allow you to see around 120 patients per year, including follow-up appointments.

● *How will patients be invited to the clinic?*

If the practice is computerised, patients can be identified by searching the system for all patients with asthma. However, such searches are usually limited due to under-recording of diagnosis and it is advisable to include a drug search for all patients receiving inhaled bronchodilator over the past year.

If the practice is not computerised (a retrospective search is very labour intensive), it may be more useful to collect this information prospectively. This can be done by reception staff noting all patients requesting repeat prescriptions for a bronchodilator, for example. Once the patients have been identified, a letter should be sent out inviting them to attend the clinic.

Having identified patients in this way, new patients may be referred by the GP, or by advertising the clinic in the practice leaflet or displaying posters.

III Writing a clinical protocol

A protocol should be agreed with the practice and should clearly state the aims of the clinic and the responsibilities of all involved.

IV First visit

On a first visit, a number of

Aims of an asthma clinic

Aims of management

- Accurate diagnosis
- Elimination of symptoms
- Restoration of airway function to best possible level
- Reduction of risk of severe attack

Aims of clinic

- Identify number of asthmatics in the practice
- Improve asthma management
- Increase prophylactic treatment
- Encourage self-management through education

areas are addressed. If peak flow is low, a reversibility test should be performed, which involves giving two puffs of salbutamol and reassessing peak flow 15 minutes later. If there is greater than 15 per cent difference, this indicates reversibility. If there is no evidence of reversibility but peak flow is much lower than predicted, the test should be repeated after a one-week course of oral steroids. At the end of the clinic all results should be discussed with the GP and where necessary therapy should be altered and a follow-up plan agreed.

V Patient education

Patient education is an important aspect of asthma management⁷ and should be tailored to the individual patient. Patient education may improve compliance if structured and repeated at each visit.

VI Self-management

Self-management plans improve asthma control and may result in a reduction in hospital admissions.

Generally patients are given a written plan. If their peak flow falls below 80 per cent of their best value, they are advised to double their dose of inhaled steroids and take bronchodilator regularly until peak flow returns to normal. For some patients this advice may be extended: if their peak flow drops below 60 per cent, they should start with 40mg of prednisolone daily and

continue for two days after peak expiratory flow rate (PEFR) has returned to normal.

VII Follow-up visit

At follow-up, a number of areas should be addressed. It is important to never presume therapy is the same as the last visit. It is useful to examine both the repeat prescription requests and the case notes prior to the clinic. Once the patient is stabilised, an annual visit for adults and six-monthly visit for children is usually sufficient. However, patients should be encouraged to make an appointment at any time.

Case studies

Consider what you would do faced with the following cases. It is important to recognise that more than one approach may be useful.

Management in the clinic

First visit

- Record asthma and drug history (include OTC)
- Record height and weight to estimate PEFR
- Check inhaler technique
- Record PEFR, if low – reversibility test
- Assess patient knowledge
- Arrange follow-up appointment

Follow-up visit

- Update on recent history
- Review of inhaler technique
- Review of diary and PEFR chart
- Review self-management plan
- Reinforcement of education and counselling

Patient education

- Explain the difference between relievers and preventers
- Check and, if necessary, correct inhaler technique
- Ensure patient knows how to recognise and manage acute attacks of asthma
- Explain the use of diary cards and PEF meters

Improving patient care is the ultimate goal and pharmacists may adopt different strategies to achieve this end.

Case 1 A 38-year-old male asthmatic using salbutamol inhaler, two puffs four times a day, has a normal peak flow. However, he complains of nocturnal symptoms. What action would be appropriate?

Case 2 A 10-year-old child receiving terbutaline turbobhaler when required attends the clinic and has a PEFR of 70 per cent. Her mother complains that she has been up the last few nights. What action would be appropriate? She has no other symptoms, in particular, no symptoms of infection.

Case 3 A 50-year-old woman receiving salbutamol disks 400mcg when required and beclomethasone MDI 200mcg twice daily, has salmeterol added to her regimen. How should it be prescribed?

Suggested answers to case studies

Case 1 Bronchodilator once daily, therefore should be on inhaled anti-inflammatory agents (BTS-step 2), confirmed by nocturnal symptoms.

Case 2 PEFR nocturnal symptoms last few nights. Introduce anti-inflammatory agent. Low-dose steroid would work quicker than sodium chromoglycate, which can take up to six weeks to work.

Case 3 Salmeterol should be in addition to her current therapy of beclomethasone 200mcg twice daily plus salbutamol when required. However, her inhalers need reviewing as she is receiving both dry powder and a pressurised metered dose inhaler. The inhaler technique for a dry powdered inhaler requires a fast inspiration compared to a slow, steady inspiration for an MDI. Patients receiving both inhaler types generally develop a poor inhaler technique. If she can comply with an MDI, all her inhalers should be provided in this form. *References available on request.*

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the September 14 issue, which will cover this week's modules, together with those in the August 3 issue. In other words:

- Indigestion I (23)
- STD (24)
- Cannabis (25)

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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Consumer Pharmaceuticals

Specialists have argued that there is no scientific evidence that anabolic steroids increase muscle mass and, in fact, sports enthusiasts who take these substances incur substantial risks for no gain. Athletes and body builders have long believed the contrary and a study from Los Angeles has now proved them right.

Forty normal men received one of four treatments – intramuscular injections of placebo or testosterone 600mg weekly, with or without exercise – for ten weeks. Exercise was given as a standardised programme of modest weightlifting on three days a week and other forms of exercise were avoided. Diet was standardised to provide 36kCal and 1.5g protein per kg of body weight daily.

In those given placebo, there was no change in body weight or muscle size, though placebo recipients who exercised developed a slight increase in muscle strength.

By contrast, men given testosterone but taking no exercise had a significant increase in body weight, fat-free mass, muscle size and muscle strength. The increase in muscle strength for these men was comparable with that among placebo



Anabolic steroids and muscle mass

recipients who exercised.

Corresponding increases among men taking testosterone and exercising were significantly greater than in any other group, with an increase in fat-free mass of 6.1kg compared with 1.9kg with placebo plus exercise and 3.2kg with androgen alone.

There was little evidence of adverse effects: mood and behaviour (whether judged by participants or their families) were unchanged; blood lipids did not increase; and changes in gonadotrophic hormone were as expected. Luteinising

hormone, follicle-stimulating hormone and sex hormone binding globulin were all suppressed during administration of testosterone. Three men receiving testosterone and one given placebo developed acne; two testosterone recipients reported breast pain.

The findings of this convincing study conflict with earlier evidence because previous studies, fearful of toxicity, have used far lower doses of androgens. However, a dose of 600mg weekly is less than that used

by many body builders, who in addition 'stack' their drugs in complex combinations and cycles. Furthermore, there was surprisingly little evidence of acute adverse effects during the study.

The authors say their findings should not be used to condone the use of drugs in sports. Instead, they indicate that treatment may be helpful for people who lose muscle mass due to immobilisation, cachexia associated with cancer or HIV infection.

New England Journal of Medicine 1996;335:1-7

Toothpaste detergent and aphthous ulcers

Aphthous ulcers can appear for no apparent reason and resolve equally enigmatically. There are many possible underlying causes – medication, minor trauma and even stress may all play a role. Now, specialists in Norway have identified another: toothpaste or, more specifically, the detergent in some brands.

Sodium lauryl sulphate (SLS) is included in some toothpastes as a cleansing agent but, as well as achieving this, it may reduce keratinisation of epithelium, increase the permeability of oral mucosa and damage the protective mucin layer. It may also cause mouth ulcers.

In a double-blind crossover study, 25 people with recurrent aphthous ulcers used three toothpastes each for a period of one week. One was detergent-free; a second contained 1.5 per cent SLS;

and the third contained a less irritant detergent, cocamidopropyl betaine (CAPB). Ulcers were 46 per cent less common with the detergent-free toothpaste than with SLS and 96 per cent of patients noted an improvement in symptoms. The corresponding figures for CAPB toothpaste were 32 and 72 per cent compared with SLS. The detergent-free brand was also associated with significantly fewer ulcers than the CAPB toothpaste.

The concentration of SLS in commercially available toothpastes is 0.5-2.0 per cent, so some brands may be associated with a lower risk of ulcer than others. People who experience unexplained recurrent ulceration may, therefore, wish to consider changing toothpastes, if possible to an SLS or detergent-free brand.

Acta Odontologica 1996;54:150-3

Safety of long-term cyclosporin in psoriasis

The immunosuppressant cyclosporin can achieve impressive remission in people with severe chronic plaque psoriasis refractory to other treatments. However, experience of use after organ transplantation has shown that it is associated with a high frequency of serious adverse effects, including hypertension, nephrotoxicity and an increased risk of malignancy. Dermatologists in Paris have evaluated the risk of long-term treatment in 122 patients with severe psoriasis.

Over seven years, 104 patients stopped treatment, due to toxicity in 50 cases and lack of efficacy in five. The remaining patients elected to stop treatment. Nephrotoxicity (an increase in serum creatinine of >30 per cent) occurred in 35 per cent of patients after one year's treatment, increasing to 70 per cent after three years. Although some cases improved after dose reduction, treatment

was withdrawn in a quarter of patients. Hypertension developed after a median of 55 months' treatment; this could not be controlled in 80 per cent of cases, in whom treatment was withdrawn. Other adverse effects included malignancy (in two patients), hypertrichosis, peripheral neurotoxicity, headache, muscle cramps and gingival hyperplasia.

Only three predictors of cyclosporin toxicity were identified: initial diastolic blood pressure greater than 75 mmHg; high initial serum creatinine (though nothing predicted subsequent increases in creatinine); and people over 50 years old.

The authors conclude that cyclosporin is not a safe long-term option for most patients but further studies are under way to evaluate the use of lower doses in combination with other agents.

Archives of Dermatology 1996;132:623-9

The Pill and anti-epileptic agents: well known risk?

Patient involvement in decisions about care

The potential for interaction between enzyme-inducing anti-epileptic agents and combined oral contraceptives (COCs) is well established. Phenytoin, carbamazepine, ethosuximide, phenobarbitone and primidone induce the hepatic metabolism of oestrogens and reduce their contraceptive efficacy. They may also reduce free levels of progestogens by raising concentrations of sex hormone-binding globulin.

It is particularly important to avoid the interaction because the risks of birth defects are increased in women taking anti-epileptic agents to 4-6 per cent, or two to three times greater than the background level.

It would be reasonable to expect that women with epilepsy are well informed of this risk because they are usually under specialist care. Yet a survey from the US suggests this is not the case. A significant minority of 300 specialists underestimated the risk of birth defects associated with anti-epileptic agents.

A quarter of obstetricians

and almost half of neurologists put the figure at 0-3 per cent. Only 4 per cent of neurologists and none of the obstetricians were aware of the effects of the six most commonly prescribed anti-epileptic agents on COCs – even though most respondents treated women with epilepsy of childbearing age and around one quarter had previous experience of an interaction. Forty per cent of respondents said they increased the dose of oestrogen for their patients who were taking COCs and anti-epileptic agents.

Whether this survey can be extrapolated to the UK is uncertain. Its surprising findings are based on a low response rate (15 per cent) from specialists in a country where the high risk of litigation should make awareness of drug interactions a top priority. However, they do emphasise that women with epilepsy will not necessarily have been informed of the risks they face simply because they have seen a specialist.

Neurology 1996;46:1534-39

It is accepted that people want to be involved in managing their illness, usually by having a say in the investigations they undergo and the treatment they receive. Research from Canada suggests that the reality may be more complicated: we want our say on some issues but not others.

The diagnosis and management of illness involves two distinct processes, argue cardiologists and psychiatrists from Ontario: decision-making (choosing between alternatives) and problem-solving (identifying a unique solution). Diagnosis is an example of problem-solving; opting for drug treatment or surgery is decision-making. Any analysis involves these two processes.

Patients admitted for diagnostic angiography completed questionnaires designed to assess their preferences for information and participation in their care. Problem-solving issues included: 'who should determine what the risks and benefits of each treatment are?', for which the corresponding decision-making issue

was 'given the risks and benefits of these treatments, who should decide how acceptable they are to you?'. Analysis of their responses revealed a desire to be informed about their diagnosis and management so that they could be involved in decision-making. Overall, they preferred an input equal but not greater than that of the doctor. But they were less enthusiastic to participate in questions requiring problem-solving: problems that require expertise were felt to be the domain of the expert (though there was no desire to relinquish control completely).

This study suggests that people recognise the contribution that 'experts' make to healthcare. There appears to be no wish to go to the extreme of patient empowerment, in which all decisions rest with the patient and health professionals act as skilled technicians. The authors argue that informed choice is not a threat to patient-provider relationships but instead reflects a true partnership.

Archives of Internal Medicine 1996;156:1414-20

Comparing the efficacy of SSRIs and tricyclics

Meta-analyses have shown that there is no difference in efficacy between the selective serotonin re-uptake inhibitors (SSRIs) and the tricyclic antidepressants but that slightly fewer adverse effects and treatment discontinuations occur with the SSRIs. Whether such an advantage is sufficient to offset the substantially greater cost of the newer agents has now been considered by a study from the US.

Some 536 patients in a health maintenance organisation, who were beginning antidepressant medication for the first time, were randomised to treatment with fluoxetine, imipramine or its active metabolite desipramine. Consistent with normal clinical practice in the community, treatment was adjusted or changed at the discretion of the family

physician and patient, according to therapeutic response and toxicity. Efficacy, quality of life and economic outcomes were compared at follow-up after one, three and six months' treatment.

Around 60 per cent of patients were still taking an antidepressant after six months regardless of their initial treatment. However, those prescribed fluoxetine were significantly more likely to continue with their original treatment at all follow-up assessments: 20 per cent switched drugs and only 9 per cent switching to a tricyclic. Of those initially prescribed desipramine, 32 per cent switched to fluoxetine; the corresponding figure for imipramine was 28 per cent. Half of all changes in medication occurred during the first month of treatment. There were no differences in efficacy at any time point but

patients taking fluoxetine were also significantly more likely to cash their prescriptions at a rate which provided an effective dose.

Adverse effects were less commonly reported with fluoxetine and led to significantly fewer treatment discontinuations (nine as opposed to 27 per cent with the tricyclics). Surprisingly, sedation was the commonest problem with all drugs, occurring in 14-20 per cent of patients; headache was also equally common with all agents.

Dry mouth, constipation and stimulation were more common with the tricyclics but no single adverse effect was more common with fluoxetine than a tricyclic antidepressant. However, these differences were not reflected in quality of life assessments, which encompassed physical, social and emotional wellbeing.

The cost of fluoxetine over the six-month period was about \$100 greater than for the tricyclics but this excess was offset by savings achieved by fewer outpatient consultations and lower inpatient costs. Overall, even after adjustment for age, sex and disease severity, the total direct cost of treatment with the three antidepressants was similar at \$1,967-\$2,361.

This analysis, using 'real world' clinical practice, shows that the outcome is the same regardless of the initial choice of antidepressant, though treatment with fluoxetine is associated with somewhat fewer problems. The authors conclude that initial drug selection can therefore appropriately be based on patient and clinician preference.

Journal of the American Medical Association 1996;275:1897-902

All publicity is good publicity, so the saying goes. However, the vitamin and mineral supplement market received some unwarranted attention when Asda launched its first salvo against Resale Price Maintenance.

Seven Seas was on the receiving end, but led the way in getting an injunction against Asda's activities. However, in the end it all seemed to be a free publicity stunt to launch the supermarket's own brand of VMS products.

To counteract all this pharmacists are now being encouraged to take advantage of their health-care expertise to stop the supermarkets muscling in.

Seven Seas

Seven Seas has seen through the relaunch of several of its products. The 'Berries' range is now renamed 'Chewables' with a new 'softer to chew' capsule and improved flavours. The latest is choc-mint for the Chewable Calcium, which joins the forest fruit flavour of zinc, orange and grapefruit iron and black cherry vitamin C.

High Strength Cod Liver Oil capsules has also been relaunched in a super-concentrated formula. The eicosapentaenoic acid of the omega-3 natural fish oil has been concentrated to give 120mg in each capsule. A reduction in capsule size was the single biggest improvement in the product requested by 75 per cent of those asked in a market survey.

Seven Seas is spending \$10 million on advertising its vitamin and supplement ranges this year and will be supporting the Government's Folic Acid drive with its Folic Acid plus Vitamin B12 Capsules.

Marketing director Tom Hardman believes that "today's customer typically uses supplementation for positive health - to maintain 'wellness' rather than to help cure illness".

Ferrosan team

Ferrosan is looking to strengthen its professional and public information service and has created the new post of medical affairs manager to this end. The position has been filled by Dr Charlotte 'Charlie' Clifton, a qualified physician with a hospital and general practice background. Her job will be to take on the specialist technical responsibilities of all Ferrosan's products and act as ambassador for Ferrosan both in the UK and abroad. Two new brand managers have also been recruited: Richard Nall, responsible for Healthcrafts,

Fighting for health

Pharmacy is facing the onslaught of the supermarkets when it comes to the VMS market. So, what does pharmacy have in its arsenal?

and Heather Morley, Imdeed, Kervran's Silica and Heath & Heather.

Ferrosan has also just launched four new products in its Healthcrafts range: Acidophilus Extra (30 capsules, \$7.99), Coenzyme Q10 with Vitamin E (30 capsules, \$8.99), Folic 100 (90 tablets, \$3.99) tablets and Garlic 1100 (30 capsules, \$3.99) one a day tablets. The latter contains one of the highest concentrations

comprehensive multi-vitamin and mineral to be available on the UK market.

Another first followed at the start of the summer with the launch of Sanatogen Classic 50+ - the first multi-vit-

with brands, which offer high rates of sale and which receive sufficient marketing support."

Efamol expansion

Efamol is planning to expand its product range this year, and has already launched its Callanish line.

Efamol Marine, Efacal and

Efamol Pure Evening Primrose Oil are featuring in magazine advertising and will soon be joined by a campaign for Efalex.

Efamol's managing director, Michael Barber, estimates the GLA (gamma-linolenic acid) market to be worth \$32m, although the total VMS market is only growing slowly, just ahead of inflation. Coupled with this is the increase in the grocery

share. To counter this threat, Mr Barber recommends that pharmacists "focus on quality products that deliver benefits".

Combination products are "very dynamic", and Efamol has seen GLA combinations increase 28 per cent to take 31 per cent of the GLA sector. GLA with fish oils, such as Efamol Marine, have grown 13 per cent in pharmacies, compared to 12 per cent in grocery, but this seemingly smaller rate in pharmacies is because they have over 90 per cent of the market share.

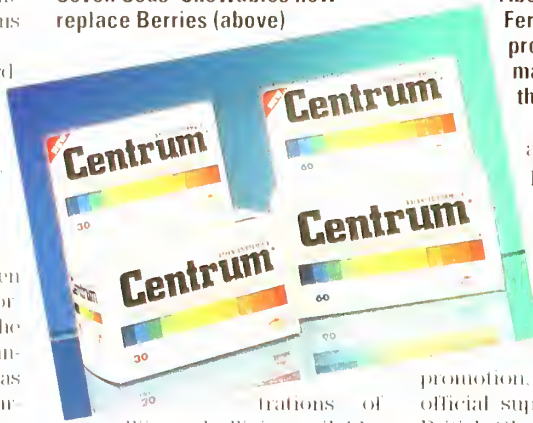
Quest for the best

Recent product launches include its Ginkgo Biloba tablets, Prenatal Folic Acid tablets, and a special formula VMS for vegans.

The company has also reformu-



Seven Seas' Chewables now replace Berries (above)



lations of allium and allium available. All four products, which are now available, will be supported by a \$300,000 marketing campaign from mid-September.

Classic Roche

Roche created a stir earlier in the year with the launch of Sanatogen Gold, the first mainstream



Above: Ferrosan's four new products. Left: Centrum makes its entrance into the UK

amin and mineral supplement specifically aimed at those aged 50 and over.

Roche is spending \$3m in promoting Gold and a further \$0.5m on Classic 50+. As part of the promotion, Sanatogen was an official supplier of VMS to the British Olympic Team in Atlanta this year.

Although the VMS market will continue to grow, Roche Consumer Health marketing manager Peter Smith says the general public needs more guidance at point of sale. "The pharmacist should aim for representation in and across key VMS categories

Continued on P222 ►

◀ Continued from P221

lated its buffered vitamin C so that it is available as a tablet. The capsules are being phased out as a response to BSE worries and will also come down in price. Quest's vitamin and mineral supplements only contain hypo-allergenic ingredients.

Chew on this

Shire Pharmaceuticals has launched Calchew D3 Forte (100, \$16.50), a high-strength calcium and vitamin D3 chewable tablet available on the NHS as an adjunct to specific therapy for osteoporosis. It can also be bought OTC.

The new product is in addition to Shire's existing OTC calcium supplements, Calchew and Calchew Forte, containing calcium carbonate. The company has a 53 per cent market share of the calcium and vitamin D supplement market, growing at 13 per cent per annum.

In the UK, around 40-50 per cent of all women will suffer from osteoporosis at some time in their lives and the cost of healthcare is estimated at \$750m per annum.

Numark, new look

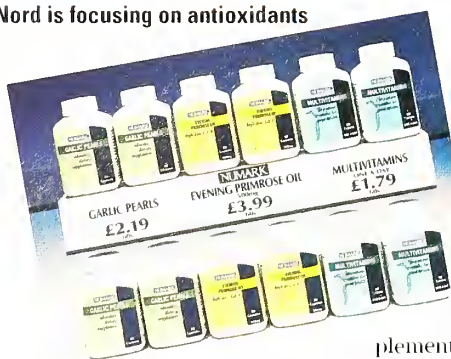
Numark has relaunched its own-brand vitamin and mineral sup-

plement range in a bid to win back custom which has been lost to health shops and grocers for its 900 shareholders.

The relaunch has comprised new packaging, colour-coded



Pharma Nord is focusing on antioxidants



point of sale material; better margins and a range extension to include nine new lines.

Numark's marketing director, David Wood, says it is a paradox that health food shops are bet-



Above: Roche has launched Sanatogen Classic 50+. Left: the new-look Numark VMS range

ter merchandised and that assistants are better trained. "Pharmacies should be the natural place for people to buy supplements because of the standard of professional advice available there."

Sporty Centrum

After a long and successful reign in the US, Centrum was finally launched in this country in March, in time for the summer sporting events. The launch was backed with a \$1.5m advertising campaign.

Centrum contains 29 vitamins and minerals at 100 per cent of the EC recommended daily allowance (RDA).

Kwai deals an ACE

Lichtwer Pharma has launched Kwai Garlic with vitamins A, C and E to complement the Kwai garlic brand. A \$1.5m advertising spend is planned for Kwai ACE and Kwai Once-a-Day.

Earlier this year, the Kwai product range was repackaged with gold livery.

Antioxidant focus

New research into antioxidants has focused on natural sources, particularly from plants. However, one compound that appears to have received a lot of attention recently is co-enzyme Q10.

Although not an antioxidant in its own right, its importance in restoring the antioxidant activity of vitamin E is only now beginning to be understood. The co-enzyme received attention for its action in cardiovascular disease, but it is also thought to have a role in fertility and in protecting the skin and the liver against damage.

In Japan, 10 million people take co-enzyme Q10 as a daily

supplement to increase vitality and for general wellbeing.

Vitamin C is another antioxidant and research at the Fitness Assessment and Sports Injury Centre at the University of Edinburgh has suggested that vitamin C is capable of delaying the onset of oxidative stress within the cell and may also help speed up recovery from trauma such as bruising. The results have been based on the effect of 1g of vitamin C per day for ten days.

The research is so promising that Roche is contemplating funding more studies into the synergistic effects of vitamins E and C.

Another area of interest for Roche is stereoisomer chemistry. Manufactured antioxidants may not necessarily have full vitamin activity if they have a racemic structure. As a result, Roche uses a fermentation process for vitamin C which maximises vitamin activity.

● Pharma Nord has promoted its Bio-Quinone Q10 for some time. The company is now highlighting its Bio-antioxidant, as well as vitamin B complex and folic acid. Pharma Nord's Bio-antioxidant is being continuously developed and updated in co-operation with leading researchers in both health and nutrition.

● Building on the antioxidant properties of the essential oils in rosemary, Bio-Health is marketing its product Romagen as 'the herbal anti-oxidant'.

Romagen contains rosemary, sage, thyme, marjoram, oregano and peppermint, which Bio-Health says are tested for antioxidant activity before blending. It claims that each 250mg capsule contains more antioxidant activity than 60mg of beta-carotene, but at a reduced cost - \$3.99 for 60.

● Lifeplan's newest product is Bodigard super antioxidant plus. It contains beta-carotene, vitamins C and E, and the pure food form amino-acid L-Selenomethionine. Three oils (fish, garlic and starflower) are also included.

Lifeplan says that the nutrients "are melded on a base of citrus fruit fibre, and the combination of oils and fibre helps to condition the system making it more receptive to the antioxidant action".

● GR Lane Health Products has entered the Q10 market with Co-Q-10 Gold, which combines Q10 with vitamin E. It is intended for "anyone feeling lethargic or needing that extra zip", according to Lane's director, Janet Groves, but is aimed particularly at the 45+ age group.



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Lichtwer Pharma UK Ltd

Sisters are taking it ...

A lot of attention is being placed on all aspects of women's health, from general wellbeing to specific areas such as menstruation, pregnancy, menopause and post-menopause.

Folic acid has attracted a lot of interest, ever since the Department of Health recognised its role in reducing the risk of neural tube defects. Even baby-food manufacturer Cow & Gate has jumped on the bandwagon and brought out its own folic acid supplement.

Arkopharma

Azinc Menopause is Arkopharma's latest product. The capsules provide antioxidants, vitamins, minerals and other nutrients for menopausal and post-menopausal women.

Azinc may also be used with Arkopharma's Phytomenopause, which contains sage. This provides 'vegetable oestrogens' which are believed to counteract the hormonal imbalance of the menopause.

Robinson Healthcare

Robinson Healthcare has several products in its Vitabiotics range aimed at the various stages of a woman's life. The Vitabiotics range is seeing \$1 million of promotional activity this year in the national press and women's interest magazines.

The company's 'well women' products include Osteocare, Menopace, Pregnacare, Pre-nimence and Perfectil.

Regina

Royal jelly has perhaps the most glamorous image of the food supplements, made famous by the novelist Barbara Cartland.

The latest addition to Regina Health's royal jelly range is Equillence, containing eight Chinese herbal extracts. Its purpose is "to

enrich the menopausal years".

Launched at Harrods last December, Equillence (56 capsules, \$19.95) will be released to independent pharmacies during the next few weeks.

Roche

A recent entry into the health and beauty supplement range for women is Roche Consumer Health's Floresse.

Building on the strengths of Roche's Pure Starflower Oil, Floresse is a range of products incorporating the oil. Body Boost has additional B vitamins and Skin Vitality contains antioxidants vitamins C and E. These

are in addition to three strengths of the pure oil under the Floresse name.

Roche Pure Starflower Oil remains the brand leader in pharmacies with a 95 per cent share of the GLA market (AGB Superpanel, December, 1995).

Efamol

Efamol is promoting the benefits of evening primrose oil in pre-menstrual syndrome with the introduction of a new product.

Efamol PMP Pre-Menstrual Pack is a high-strength formulation of

Vitabiotics has launched Wellman

evening primrose oil and vitamin B6.

Men are trying it, too

Interest in men's health is the new growth area, prompted by the recent flood of magazines devoted to the subject. A survey in *Men's Health*, published earlier this year, indicated that 92 per cent of the respondents

would visit a well-man clinic if one existed.

Robinson Healthcare has recognised this trend and launched **Wellman**, which it says is the first mainstream dietary supplement for men.

Besides providing vitamins and minerals, Wellman, in the Vitabiotics range, contains cit-

rus bioflavonoids, amino acids, garlic, ginseng and extract of saw palmetto (*Serenoa repens*).

● **Sabalin** is a herbal medicine containing extracts of saw palmetto licensed for urinary problems associated with benign prostate enlargement. Medic Herb UK and Lichtwer Pharma are supporting the product with a \$0.5m campaign, including advertising in the national press.

● **Serona-C** from Wassen International contains vitamins, minerals and saw palmetto, and is aimed at men over 35 as a general health supplement. Editorial coverage and reader offers in general interest and retirement magazines has reached a readership of over 18m people in the last six months. Continued promotional activity is planned through to the end of the year.



Efamol goes Pre-Menstrual



VMS gets growing

The vitamin and mineral supplements market has grown by 11.1 per cent over the past six months.

The market is worth \$277.6 million (MAT, June 16), says Richard Taylor of IRI Infoscant. The strongest growth is in the multi-vitamins sector (worth 20 per cent of the VMS market and up 12.2 per cent) and vitamin C (worth 9 per cent of VMS and up 24.9 per cent). Folic acid has grown 53 per cent since the Government recommended its use in pregnancy.

Seven Seas and own-label brands lead, with each having a 30 per cent share of the market. Own-label has grown 11.8 per cent in the 24 weeks to June 16, strengthened by the launch of 'me-too' products. Roche comes

third with a 14 per cent share.

Sales activity for VMS in the year to June showed that purchases took off at the end of October last year and peaked in January with sales of \$24m in that month.

Cod liver oil takes the biggest share of the VMS market, accounting for 26.2 per cent in the 24 weeks to June. This was down slightly compared to last year. Garlic has lost in popularity in the same period (down to 6 per cent share from 6.9 per cent last year) at the expense of minerals, vitamin B and antioxidants, which all grew slightly.

Ginkgo doubled its value share and vitamin E is also seeing growth.

Information supplied by IRI Infoscant

GET IT WHILE IT'S HOT.

THERE'S NO QUICKER WAY TO STOP DIARRHOEA

When the subject of aromatherapy is mentioned, most pharmacists think of 'New Age' treatments – flaky hippies massaging with patchouli oil to 'chill out' from the stresses of the world.

There is nothing new about aromatherapy. After all, pharmacists have been using essential oils for as long as they have been dispensing. Peppermint oil and benzooin compound are all essential oils. Aromatherapy, then, is not just massage but it is the use of essential oils to help bring about wellbeing.

Herbal medicines, however, are a different matter and tend to be taken more seriously – after all, how can any pharmacist forget the joys of extracting the active components of senna leaf in their pharmacognosy practicals?

Gerard House

Last year's launch of blister-packed Reumalex, Somnus and Serenity was a departure from Gerard House's usual range.

The packs aimed to establish the products as OTC medicines to be considered alongside traditional medicines rather than as a fringe choice, according to Gerard House sales manager Shelley Ascott.

"The OTC pack change was made to attract customers not liking the pots of tablets. They appeal to the 'normal' customer – not just the alternative medicine buyer – and have been very successful," she says.

The company is planning to launch a fourth 'power brand' as soon as approval is received from the Medicines Control Agency. This will be a tablet for the female cycle, containing *Agnus castus*.

The advertising campaign for Reumalex will recommence for the two months leading up to Christmas. Older readers will be targeted in the national press and general interest magazines.

The stringent requirements to achieve licences for its herbal medicines have been repeated in the company's essential oil line, introduced 15 years ago.

"Gerard House sees essential oils as a natural progression from herbal medicines," says Ms Ascott. "Essential oils were traditionally marketed in health food stores, but now about 75 per cent of sales are through pharmacy."

Next month Gerard House will be supplying an 'information wheel' for use by the public, with

The essence

Aromatherapy oils are gaining strength in pharmacies alongside the more established



Gerard House is emphasising education for consumers (above); Roche has introduced Radian-B Aromatherapy Bath (right); and Bio-Health has launched an additive-free herbal range (left)



information about aromatherapy products on one side and herbal medicines on the other. The company is also planning to run a repeat of its aromatherapy awareness days next year for pharmacists and their staff.

And of the future? Ms Ascott believes that the aromatherapy side of Gerard House's business may soon overtake herbal medicine, such is the rate of growth in interest in the subject.

Tisserand

Tisserand has recently boosted its range of essential oils to over 60 with the introduction of eight new oils. These are complemented by a core collection of Organic Essential Oils, which are taken from plants grown without the use of artificial pesticides.

Six aromatherapy education courses will begin next year at the Tisserand Institute in Hove, East Sussex, but the Institute is

It can be used for face and body massage.

Weleda has a special launch offer containing three packs of the oil and lotion at a trade price of \$8.93 each and retailing for \$15 each, with the bonus of three free rose soaps, worth \$7.50 each, for \$53.58.

Natural Touch

Natural Touch is so confident of the quality of its aromatherapy essential oils that it has the certificates to prove it. In July, it launched the 'Professional Range' of oils into pharmacies, a natural progression, it believes, from having supplied oils to professional aromatherapists for the last eight years.

Each oil is supplied with a detailed purity certificate based on gas liquid chromatography analysis. Pharmacists are being encouraged to show them to customers. The range is being promoted through consumer health publications.

Potter's

Potter's relabelled and repackaged its range in the spring to come in line with the latest European legal requirements. To further boost sales, the company is considering block merchandising herbal medicines by brand rather than by disease state. Surveys indicate that sales volume can increase over 40 per cent when cohesive brand displays are introduced.

The company is spending \$400,000 promoting the brand this year and is already detecting a significant shift from its traditional health stores to pharmacy.

Products performing well include Potter's Chest Mixture, Malt Extract & Cod Liver Oil, Echinacea Tablets (now recognised as an immunostimulant) and its hayfever treatment, Antifect. Since Anased received approval for use in tension headaches, sales have taken off,

holding career advice evenings on September 4 and October 10. More information can be obtained on 01273 206640.

Roche and Radian-B

Building on the interest in complementary medicine, Roche Consumer Health introduced Aromatherapy Bath into its Radian-B range in June.

Camomile and marjoram oils are used, as their soothing and calming properties work on stiff muscles and help the mind relax.

The product is being supported with \$1.9 million of promotional material, including television and press advertising, and a sampling programme through women's interest titles.

Weleda

A new product from Weleda has already won a prize. Wild Rose Body Oil was voted the 1996 'Product of the Year' at the Frankfurt Trade Fair 'BioFach 96'. The award was given for using ecologically-sound factors and innovation in the product's development.

Weleda launched its luxury Rose range, of which the Wild Rose Body Oil is part, at the company's open day in July. The product contains musk rose oil, jojoba oil and sweet almond oil.



Success

al remedies and pharmacists should be armed and ready

and Boldex sales have trebled following national newspaper coverage.

Early next year, Potter's plans to launch a liquid for its Acidosis remedy and will also be bringing out a ten-pack of Senna tablets. The company will also be looking at its bulk goods catalogue to fill any gaps that are created by the removal of more 'borderline' products.

Bio-Health

In a new move, Bio-Health has launched a range of pure herbal products, in addition to its range of supplements.

The pure herbal capsules use the Pure-fil technique, which

Bio-Health began using in 1981 to create additive-free products.

Hofels

The most recent addition to Hofels' one a day range is its new high-strength ginger.

Each pearle contains concentrate from 12g of fresh ginger root. Hofels says that ginger is one of the most commonly used extracts in Chinese medicine. It is traditionally used for its warming effects, but may be useful if taken before travelling.

Lane's

The relaunch of GR Lane Health Product's Herbal Remedies range has boosted sales. Growth

is up 20 per cent since last year and will be boosted by the \$250,000 Lane's is investing in promotion throughout the year.

Advertising in the national and regional press and through POS aims to help identify the range as mainstream 'OTC' herbal medicines in the eyes of the pharmacist, as well as the public.

Herbalforce

Revital is the first UK-designed bioactive 'smart food' supplement and is the latest line to come from Herbalforce Natural Products, which specialises in 'nutriceuticals'.

The capsules combine concentrated protective phytochemicals with antioxidant vitamins, herbs and natural digestive enzymes. Vitamins and minerals are provided by the fruit and vegetable extracts, while herbs such as sarsaparilla, Gotu kola and schisandra are included to promote stamina, mental alertness, digestion and improve the immune system.

Herbalforce's Helen Botfield says Revital is receiving an excellent response from the trade.

Richard Branson and the Virgin Global Challenger crew are aiming to use Timezone, another herbal product, daily when they circumnavigate the globe later this year.

Bioforce

A new herbal liquid to help reduce anxiety and stress is Emergency Essence.

Formulated by one of Europe's leading naturopathic practitioners, Jan De Vries, the Bioforce product contains extracts of herbs which are intended to "maintain equilibrium of mood and mind".

Nelson's

To aid customer selection, Nelson relaunched its 12 natural first aid creams in April by highlighting the four best known lines.

The top four are Arnica Cream (for bruising), Calendula Cream (for rough, sore skin), Hypercal Cream (for cuts and sores) and Tea Tree Cream (an antiseptic). They feature in a counter top merchandiser.

Bach Flowers

To build on the theme of educating retailers and public alike, Bach Flower Remedies will be launching module 2 of its training initiative in September.

The first module in April introduced retailers to the concepts behind the remedies. A 16-page question and answer format will be repeated in the new module with new case studies.

In October, Bach Flower Remedies will be exhibiting at the *Daily Mail* Ski Show. This seemingly surprising choice is made on the findings that those interested in sporting activities are also more interested in complementary medicines, says spokeswoman Nicky Smith.

Blue Green Planet

Blue Green Planet is spending \$100,000 on a national advertising and sampling campaign, and on POS and leaflets for its klamath algae tablets and capsules.

Tonics

Pharmaton

Pharmaton Capsules claims to be the world's leading vitamin and mineral supplement with over 100 countries stocking the brand.

In the UK, it is the number two multi-vitamin brand in pharmacy by value, representing 6 per cent of sales in the \$14.6 million market. This was due to a 15 per cent increase in sales last year and is recommended by 86 per cent of pharmacists.

Windsor Healthcare is building on this success by spending \$750,000 in promoting Pharmaton. It will be targeting all ABC1 adults aged 55 and over. The national titles chosen for advertising will reach 70 per cent of the 'grey panther' audience, the main users of Pharmaton.

"Typical Pharmaton users are active men and women who take it as a health insurance policy to ensure optimum energy levels and to improve their overall wellbeing," says brands development manager Ruth Butcher.

Windsor Healthcare is also focusing on the message 'Please ask your pharmacist' to highlight the P status of the product. All this support is intended to keep Pharmaton Capsules' position as the 'Rolls-Royce' of the VMS market.

Pharmaton Capsules were created in Switzerland and contain a standardised Panax ginseng root (G115), giving a standard ginsenoside dose in every capsule.

A new booklet, 'Live life to the full', is available for health professionals. Free copies can be

obtained by phoning the Pharmaton Capsules' information line on 01344 741336.

Metatone

Over 80 per cent of the VMS and tonics market goes through pharmacy.

Warner-Lambert believes tonics represent a good growth category. "The trend towards stronger, multi-symptom products after common illnesses is one side of the equation. Use of supplements and tonics to aid recovery is the other side," says Metatone's senior product manager, Carlton Lawson.

"Metatone is ideally placed to benefit from the increasing consumer interest in minimising recovery times and coping with the debilitating results of a stressful, busy lifestyle."

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Nutricia owns Milupa – official

NV Nutricia's acquisition of Milupa has been cleared by the Monopolies and Mergers Commission.

The MMC says that Milupa's UK activities overlap those of Nutricia in the enteral clinical nutrition products, baby drinks, baby meals and baby milks markets. However, it concludes that the merger is unlikely to adversely affect these markets.

Nutricia, based in the Netherlands, acquired Milupa for

DM820 million last year. Nutricia operates in the UK through Nutricia Holdings and its subsidiaries, which includes Cow & Gate Nutricia.

Competition aside, the MMC says the merger will probably save Milupa's baby milk brand, whose long-term survival had been in doubt because of the company's losses.

It also concludes that the merger will not harm baby milk

prices, although Professor S Eilon, a member of the MMC group, disagrees.

Both SMA and Nutricia have been warned that they will be referred to the director general of Fair Trading if they try to raise baby milk prices "unjustifiably". (The director general has been keeping a close watch on the baby milk market since last year, due to the concentration of companies there.)

Wilson trial adjourned

Nottingham Magistrates Court has adjourned the trial of Kevin Wilson, former managing director of Crookes Healthcare, to October 14.

Galpharm correction

Galpharm International has relocated to Hugh House, Galpharm Way, Upper Cliffe Road, Dodworth Business Park, Dodworth, Barnsley S75 3SP. Tel: 01226 779911.

Pharmacy fined

GJ Maley, an Isle of Man-based pharmacy owned by Lloyds Chemists, has been fined £8,500 for breaking health and safety and food hygiene regulations.

S&N's profits rise

Smith & Nephew's pre-tax profits rose 6 per cent to £90.8 million on a turnover of £540m for the six months to June 29. The group's UK sales rose 4 per cent to £86.5m.

Sims Portex

Sims Portex's new customer service department is based at Kingsmead, Kent. Tel: 01303 208049.

Pharmacia & Upjohn deal

Pharmacia & Upjohn is to market Vistide. Produced by Gilead, it treats a complication of Aids. Gilead will receive \$10 million when Vistide receives authorisation to be marketed in Europe. P&U will also acquire \$40m Gilead preferred stock.

EC gives approval for GW's anti-HIV drug

Glaxo Wellcome has received approval from the European Commission to market its anti-HIV drug, Epivir. It will be launched in each European Union member state as soon as GW has completed its pricing and reimbursement negotiations with the relevant authorities.

According to GW, an international clinical study concluded Epivir- and Retrovir-based treatments reduced the rate of AIDS by 54 per cent, compared to placebo.

Epivir is already marketed in

the US and Brazil and, as 3TC, in Australia, Canada, Mexico, Switzerland, South Africa, New Zealand and Uruguay.

● GW's US subsidiary has received approval from the Food and Drug Administration to market Tritec (ranitidine bismuth citrate) tablets, which are taken with clarithromycin, to treat active duodenal ulcers. Tritec will be available in the US next month. Known as Pylorid outside the US, it has been available in the UK since last September.

Branching out

Two Oldham-based pharmacists have pooled their resources and bought two more pharmacies to boost their buying power.

Allan Dale, who owns Allan Dale Pharmacy in Delph, and Michael Chadwick, who owns Michael Chadwick Pharmacy in Greenfield, have formed a company called Chadale to buy The Pharmacy in Marsden, near Huddersfield and Cutgate Pharmacy in Rochdale.

Mr Dale says the latest acquisitions belonged to a friend who was moving South.

Before Chadale was formed, the partners used to buy their goods together. They then decided to set up a company for tax reasons.

"The other shops will increase our buying power and will improve the profitability of all four shops," says Mr Dale.

Mixed second quarter results for Akzo

Akzo Nobel's net income fell 4 per cent to 367 million guilders on net sales of NLG5.618 billion for the second quarter to June, compared with the same period last year.

Chefaro UK, an Akzo subsidiary, enjoyed "double-digit growth". Chefaro's home pregnancy test, Predictor, is the second best-selling test in the UK market.

Logado, Chefaro's new smoking cessation aid, has also made a significant impact on the UK market, according to Akzo.

However, Organon, another

Akzo subsidiary has fared less well. UK sales of Organon's Marvelon and Mercilon have fallen because of last October's announcement by the Committee on the Safety of Medicines that seven third-generation oral contraceptives, including Marvelon and Mercilon, create a greater risk of deep vein thrombosis than second-generation progestogens.

In contrast, Akzo's UK oral generic specialist, Rosemont, has seen its sales rise rapidly following the approval of five new products.

Boots opens edge of town store

Boots has opened a \$1.25 million edge of town store in Purley Way, Croydon.

The 1,000sq m store, located in Valley Retail Park, is built on one floor and has free car parking with spaces allocated to parents and the disabled, male and female toilets, baby-changing facilities and shopping trolleys.

Its manager is Richard Horton, formerly BUPA's special projects manager, who has a staff of 60.

The store is open from 9.00am-8.00pm, Monday to Saturday; and from 11.00am-5.00pm on Sunday.

It does not yet have an NHS dispensing contract.

Purley Way's established stores include Ikea and PC World, which make it a popular shopping area for car owners.

Boots says the store's edge of town format is a response to customer demand.

The company has similar stores in Salford, Bromborough on the Wirral and in Cheshunt. It says it could open more if the opportunity arose, but stresses that it will always have stores in town centres.

Meanwhile, Boots is believed to have spent \$300,000 refurbishing its outlet in the Whitgift Centre in Croydon's town centre.

ADVANCE INFORMATION

UKCPA is holding a 'Critical Care/Surgery' study day on **September 3** at Lawnswood Room, Weetwood Hall, Otley Road, Leeds; also a 'Clinical Pharmacy Induction Course' on **September 27-29** at York University. For details tel: 0116 277 6999.

The Pharmaceutical Internet Summit of 1996 will be held on **September 11-13** at the Rembrandt Hotel, London. Further information from Flavia Thornton on 0181 332 8934.

The Third European Congress of Pharmaceutical Sciences will be held on **September 15-17** at the University of Edinburgh, Scotland. Details from the Pharmaceutical Sciences Group of the RPSGB, tel: 0171 735 9141.

The Community Services Pharmacists conference will be held on **September 16-18** at Chester College. 'Breaking through the hospital/community interface to ensure continuity of care'. Further details from Angela Fell, tel: 019256 635911, ext 2238.

The National Association of

Health Authorities and Trusts in association with Blenheim Exhibitions & Conferences, is holding 'Healthcare Expo' on **September 17-19** at NEC Birmingham. Further information from Karen Hunter, tel: 0121 471 4444.

The Association of Local Pharmaceutical Committee Secretaries is holding its next training seminar on **September 28-29** at Burleigh Court Conference Centre, Loughborough University. Details from Jean Rothwell, tel: 01204 847896.

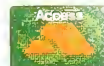
Pharma Nord is holding a further four symposia on antioxidants and co-enzyme Q10s as follows: **September 30**, Leeds; **October 1**, Glasgow; **October 2**, Belfast; and **October 3**, Dublin. Details of venues from Freefone 0800 591756.

The European Society of Clinical Pharmacy is holding its 25th symposium on **October 16-18** in Lisbon, Portugal. Further details from ESCP International Secretariat in the Netherlands, tel: (31) 1719 46435.

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Applicants must have previous sales experience and a knowledge of the independent pharmacy sector and the enthusiasm to achieve ambitious, but realistic objectives. The position will involve travel throughout Great Britain and Northern Ireland, include basic salary, targeted bonus, company car, pension and private healthcare

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ABOUT people

Treading the boards

A comedy set in the ladies' toilet of a church hall is playing at this year's Edinburgh Fringe Festival.

An unusual setting, perhaps, but 'The Ladies', which was co-written by pharmacist Rebecca Neal, has received 'rave reviews'. When it premiered at the West Herts Regional Drama Festival, it won two awards and a host of nominations. And playwright Alan Bennett commented that the play was "very funny".

Rebecca owns and runs Neal's Pharmacy in Hemel Hempstead, Hertfordshire, with her husband. She is also a member of the St Albans Amateur Players group and the Tidemark Theatre. The latter was set up specifically to take 'The Ladies' to Edinburgh.

Rebecca, whose acting career began ten years ago impersonat-

ing Mrs Thatcher in a university revue, is taking two weeks out of the pharmacy to play three different characters in 'The Ladies'. All the action takes place in the ladies' toilet of the hall of the 'Church of Our Lady of Perpetual Succour' during the course of one New Year's Eve.

Rebecca and fellow actress Kate Russell play two teenagers at a teens-only disco, two ladies from the Lower Chilmington WI at their festive luncheon and two members of the 'Little Rascals' club having a belated Christmas bash.

You can see the play at the prestigious venue of the Downstairs Theatre at the Gilded Balloon II. It is showing every day at 3.30pm until August 25. The box office telephone number is 0131 226 6550.



A year of 'Working for Excellence' has paid off for pharmacists in North West Anglia Health Authority. The 27 pharmacies involved in the first year of the project have each received a certificate, window sticker and £600, after they took part in a number of initiatives, including training, health promotion and primary healthcare team development. Pictured are some of the pharmacists who attended a presentation in Peterborough at the end of last year. Year two of the scheme is now under way

And Sydney makes three?

Pharmacist Bipin Patel is wondering if the maxim that things come in threes will hold true.

Mr Patel and his wife, Geeta, of Lenham, Kent, have just come

back from a five-day trip to the Atlanta Olympics. Mr Patel was the winner of a 'Going for Gold' competition organised by pension fund RNPEN.

His visit included watching the athletics and baseball finals and the closing ceremony. This must have seemed familiar as these were events he saw four years ago at the Barcelona Olympics, which he attended as a prize winner in a competition run by 3M.

"My wife and I are so bowled over by this double once in a lifetime experience that a hat-trick in Sydney 2000 would not be a bad idea," he says.



Bipin and Geeta Patel outside the Atlanta Olympic stadium



For the second year running Nicorette, the Maxi class yacht sponsored by Pharmacia & Upjohn, has been catching the headlines during Cowes Royal Regatta. The yacht claims to be one of the fastest monohulls in the world, and is almost 25m long with a 36m mast. Having won its class at Cowes, the boat is due to compete in the Grand Mistral Round the World Race in 1997-98

Smoke on the water ...

The roar of the dragon is not normally associated with messing about in boats at Henley.

However, since the Imperial Cancer Fund has started sponsoring a dragon boat race on the Thames, the sedate world of punting has been replaced by the sound of drums as boats of 20-plus oarsmen race against each other.

This year, the Moss Chemists' team did well, coming third in the final, having been beaten by 0.5 and 0.3 seconds respectively by

the boats in front of them.

The Moss team is pictured below in mid-race, with a drummer beating out the rowing pace.



APPOINTMENTS

Professor Arnold Beckett has been appointed to the scientific advisory board of Insmed Pharmaceuticals, based in Virginia, US.

Professor Peter Stonier, medical director of Hoechst Marion Roussel, has been elected president of the International Federation of Associations of Pharmaceutical Physicians for the period 1996-98.

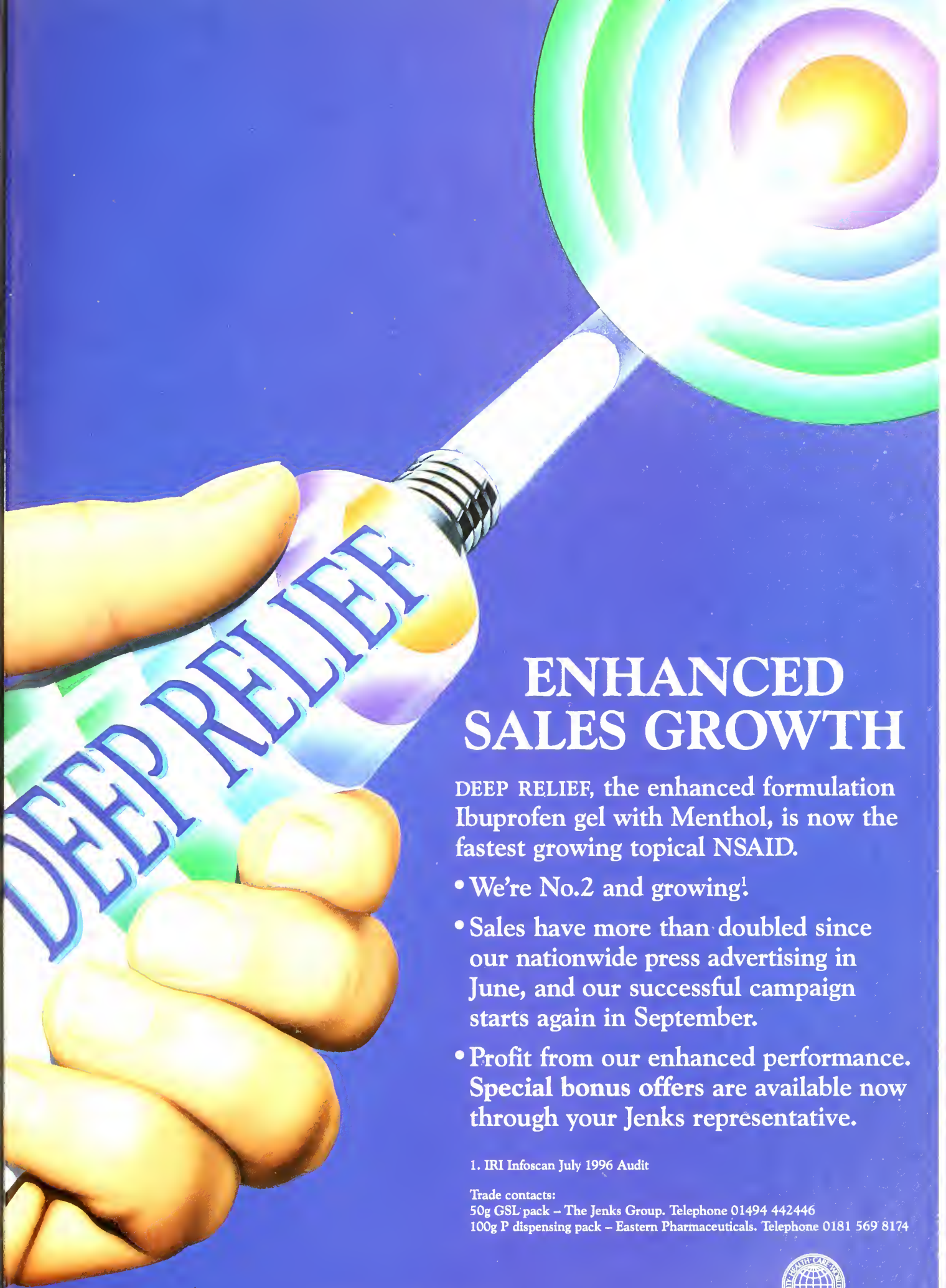
AAH Pharmaceuticals has completed its team of commercial managers with the appointment of **Alex Muir-Dick** for the company's Kingswinford branch. **Amanda Wilson** is a new sales representative based at the company's Reading branch.

AAH Hospital Service has announced the following appointments. **John Bones** is the new marketing dev-

elopment manager and **Sue Towers** is commercial manager. **Mike Eriksen** takes over her previous position and becomes field sales manager. Bayer has promoted **Steve Beck** to senior product manager responsible for strategic development of the Canesten and Autan brands. Oxford-based drug discovery group Oxford Glycosciences has appointed **Michael Kranda** as its new chief executive officer.

Bob Jones is the new manager of the pharmacy recruitment division at Jenrick Medical. Carter-Wallace has appointed **Annette Caddick** and **Tim Turner** as brand co-ordinators. Hadley Hutt Computing has a new sales representative, community pharmacist **Peter Neal**.

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